MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery by the and 2: MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give neerest town) Bethesda 12 Days .= ~ Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO DO The Clinical Center Blenheim Road 3. NAME OF Middle N DECEASED (Type or print) DEATH HERBERI OGTER ABURN 9. AGE (In years | If UNDER I YEAR within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) and Months Male IDe. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Furniture Manufactuer Manufacturing Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johnson B. Aburn Minnie F. Stoll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yas, no, or unkown) | (If yes give war or detes of service) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 1 month PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, DUE TO Chronic glomerulonephritis vears Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying 12 years Regional enteritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 0 prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After th 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Not While Hour a.m. may be retame DIRECTOR: 3 should be del 21. 1 certify that (this hospital) altended the deceased from December 31, 19 61 to January 12,62, that (we) last Jan. 12, 19 62, and that death occurred 11:174 Mom the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. ŞIGNATURE ATTENDING PHYS. PHYS. death. Post 4 The Clinical Center, N ational 22c. PHYSICIAN'S William B. Kremer, M.D. Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) OF Baltimore Md. Greenmount Burial -15-62 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) .W. Jenkins & Sons Co. 4905 York Rd. Balto. DATE Ording S. Kraus 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY your files. d of Health, Montgome ry Montgomery
b. CITY OF TOWN (if outside corporate limits, Naryland MARYLAND / is nece c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Glen Echo Hgts. Glen Echo Hgts., Maryland 4 mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 6015 Wahonding Rd., ON A FARM? 6015 Walhonding Rd., YES NO X 3. NAME OF Middle 4. DATE Month Year Adelman to the DECEASED 1062 20 Helen Atelman Jan. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. (Bidirthday) pue White Female Months Deys March 10,1892 Hours and 2 72 how WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foraign country) 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Housewife U.S.A. New York. N.Y. None Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Henry Carlock Amanda Berrel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgive war or dates of service) None 6015 Walhonding Rd., Dr. Atelman 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular accident ial-frans Found dead IMMEDIATE CAUSE (a) in bed. Office DUE TO Conditions, if any, which "pending" geve rise to immediata cause O DUE TO Examiner' (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION History of C. Va. in distant past. PERFORMED? 9 Medical NO X plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / CAL Month, Dev. Yeer 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stale) the Page factory, street, office bldg., elc.) WEDI Whila Nol While at work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion 0 death resulted from: Natural causes K, Accident Suicide Homicide Undetermined manner DIREC ute the c CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 designat 1-20-62 DEPUTY MEDICAL EXAMINER SE EXAMINER'S Frank J. Broschart NAME (Type) Address (Street, city, town, or county) shoul 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOYAL (Specify) urial-transit 1-20-62 040 g St. Bernards Bernardsville, New Jersey 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chrima d. Bethesda, Maryland JAN 23'62 ROBERT A. PUMPHREY 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomerv b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and dive nearest town) write RURAL and give nearest town) Derwood R.F.D.#1 5 Months Olney. Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Ammons Nursing Home 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH Allen Harriet January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Deys WIDOWED -DIVORCED FEMALE Col 5-10-1880 10a. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U.S.A. Domestic Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Andrew Burke Elizebeth Wallace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of sarvice) Nursing Home Records 18. CAUSE OF DEATH [Enter only one ceusa par line for (e), (b), and (c).] INTERVAL BETWEEN Decompensation. ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Chronic Mysocarditis. Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the undarlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) factory, streat, office bldg., etc.) While Hour e.m. Not While et work et work 19 G/ to. 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Mt. Zion. Mt. Zion, Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Konville, Rockville, Md. DATE JAN 1 8 '62 Orthun & Kraye

MARYLAND STATE DEPARTMENT OF HEALTH

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**DIVISION OF STATISTICAL RESEARCH AND RECORDS** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00752PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence a. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give negrest town) Washing ton. yrs.1 mo. Kensing to n NSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Kensington Gardens Nursing 1412 Webster St., N.W. Heme YES NO NAME OF Middle 4. DATE Month Yeer DECEASED (Type or print) Helen Lyston DEATH Aman January 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Female last birthdey) White Months | Days Hours WIDOWED W DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Lyston John Mary B. Eagan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give wer or dates of service) 1001 Tower Building no none Benjamin Guy-Washington, D. Conterval BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) min Conditions, if any, which geva rise to immediate cause (e), steting the underlying ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour em While et work at work p.m 1956 to 26 21. I certify that (I) (this hospital) attended the deceased from....... Jan ...., 1962, that (1) (we last 19 0 , and that death occured at AM, from the causes and on the date stated above. the deceased alive on. GNATURE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) W. Bernton Horace 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Mount Olivet Cemetery Washington, D.C. 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE JAN 3 0 '62 1SM 7/61

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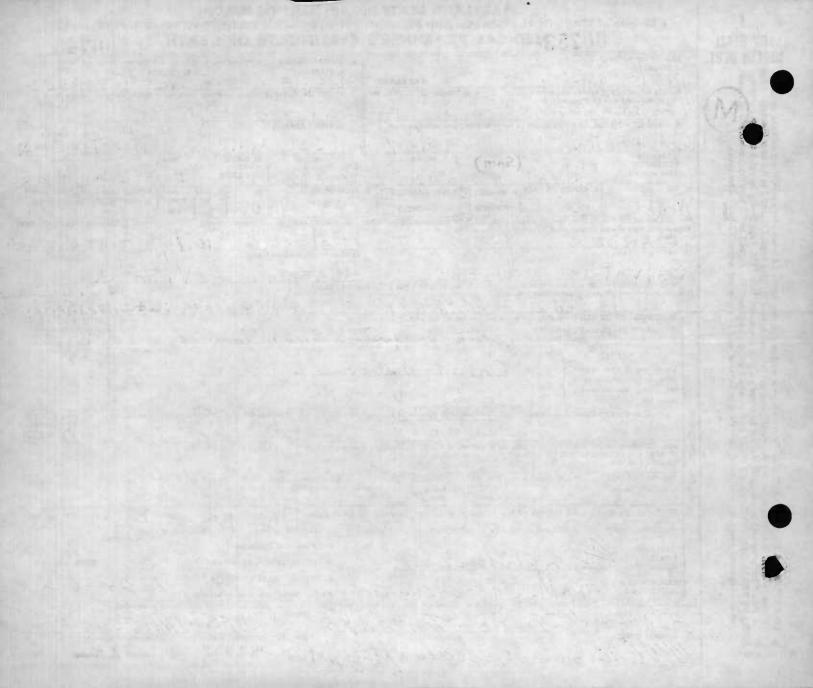
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY TGOMERY MARYLAND EORG LNCE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give nearest town) AKOMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 9110 YES NO 3. NAME OF Middle Month DECEASED 3 to the OF (Type or print) DEATH 19 600 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthday) and Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ncil in Item 18. Giv along with form h event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 207 QUEB (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) office DUE TO Conditions, if eny, which pending" gave rise to immediate cause I his word "pen-**DUE TO** (e), stating the underlying used ion, o (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief A R: Page 3 strior to buria MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work CTOR: 0 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Suicide Undetermined manner forward DIREC Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) 040 p FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 9/60



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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90	write RURAL and give neerest lown) Brookeville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Russell Rest Home  2 Mo 11 days Sandy Spring.  d. STREET ADDRESS  e. IS RESIDE ON A FA YES NO
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	21. I certify that (I) (this hospital) attended the deceased from
	22e. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF 22b. DA  22c. ADDRESS  NAME (Type)
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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before admission) e. COUNTY your files. rd of Health, Montgomery b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town)
Bethesda Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban Hospital 12906 Georgia Ave. YES NO IX the fune retaine he State NAME OF Middle 4. DATE death. If any DECEASED (Type or print) Hilda Bessie Bacher DEATH e 5 may be r and 2 with the 2 hours after January 19 62 8. DATE OF BIRTH 4-16-1883 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page done during most of working life, even if retired) Housewife - orm home Own home Towa U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelmina Beyer Fritz Frohardt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Hvattsville, Md. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Phillip D. Bacher 8506 Allendale Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventricular Asystole " in pencil in Office alor IMMEDIATE CAUSE (e) sudden should be DUE TO Stokes-Adams Syndrome Conditions, if eny, which sudden {b} d "pending" d geve rise to immediate cause DUE TO (a), stating the underlying Coronary Arteriosclerosis, severe unknown cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 0 should 20n. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING CX CAUSE OF DEATH. Fell from back porch at home writing to Chief / 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) WEDI et work et work prior Wheaton, Mont. Md. Wheaton forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Natural causes X, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Dr. Frank Broschart Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 p -11-62 Fort Lincoln Crematory Cremation Washington 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME JAN 1 5 '62 arthur & Kease Silver Spring. Md. rev Inc. 5M 9/60

DEPARTMENT OF HEALTH

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2, USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN (if outdoe corporate limits, write RURAL and give negrest town) director. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give near st town) your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NO retain he Stat NAME OF Dey DECEASED OF (Type or print) DEATH 19 47 2 with 9. AGE ( years | IF UNDER 1 YEAR last bighday) | Months | Days 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months Hours WIDOWED [ DIVORCED A 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages Barber Shop xxxxxx New Jersey Sees Within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Popomajer James Balogh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Rt.# 3 Pox 89ddress (Yes, no, or unkown) | (If yes give war or dates of service) " in pencil in Item 18 Office along with fa burial-transit permit James Balogh-Sunset Lane, Lutz, Florida 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral contusions & lacerations IMMEDIATE CAUSE (a) hrs. DUE TO removal Fracture of skull Conditions, if any, which "pending" i xaminer's O used as a bi gave rise to immediate cause DUE TO (a), steting the underlying Fall and acute alcoholism ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 2 PERFORMED? NO 0 plnods 5 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. Fell down steps in front of his home entrance writing Chief MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) should be forwarded to the Chi FUNERAL DIRECTOR: Page (County) (State) 0 factory, street, office bldg., etc.) While Not While 19 62 at work at work prior ilicale, Home Rockville Montg. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and in my opinion death resulted from: ? Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPU plnods NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 9 0 Burial 1/8/62 Arlington National Arlington, Virginia 23 FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 E. Montg. Ave. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Ureling & Traces 5M 9/60 Rockville. Maryland DATE

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FOR STATE HEALTH DEPI.  PLACE OF DEATH  OF 1 To 1 To 2005  PLACE OF DEATH  OF 1 To 2005  OF 2 To 200	) {}
a. COUNTY  MARYLAND b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  A. STATE  D. CUNTY  MARYLAND C. LENGTH OF STAY IN 1b  Writa RURAL and give nearest town  A. STATE  D. CUNTY  MARYLAND  C. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  A. STATE  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  O. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)	dmissio
Montgomery  b. County  Montgomery  b. County  Maryland  North Carolina  c. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  Bethesda (Rural)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  D. COUNTY  North Carolina  c. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  Grimesland  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RE	4
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town  Bethesda (Rural)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IENGTH OF STAY IN 16  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town  write RURAL and give nearest town  for immediate the component of the comp	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  le. IS RE	n)
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	A FARM
U.S. Naval Hospital, Bethesda, Maryland Rt#1 Box 168  J. S. Naval Hospital, Bethesda, Maryland Rt#1 Box 168  Deceased Month Day Year	
· O O - O	62
last birthday) Months Days Hours	Min.
106. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT CO	OUNTR
dona during most of working life, even if retired)  Taborer  Roofing  Vanseboro, North Carolina USA	
13. FATHER'S NAME	
William H. BARBER  William H. BARBER  Henrietta FOBBS  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
(Yas, no, or unkown) (Ifyasgivawarordalasofsarvica)	E.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar Skull Fracture & Laceration of Heart Unknown	n
DUE TO Conditions, if any, which (b) Fall from building (3 story)	
gava risa to immadiata cause	
(a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOI	UTOPS'
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.0 19. WAS PERFOUNDED.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTION TO CONTR	NO _
	hand
20c. TIME OF INJURY Month, Day, Your 20d. INJURY OCCURRED 20a. PLACE OF INJURY Home, farm, 20f. (City or low) (County)	(State)
	mil
21. I certify that I took charge of the remains described above, held an Autopy Inspection Inquiry Inq	pinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ACTUAL DATE SIGN	NED
EXAMINER'S FLANK J. BLOSCHZHT Addrass (Streat, city, town, or county)	2
DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE	a)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial  22d. LOCATION (City, town, or country)  Greenville, N.C.	
23. FUNERAL DIRECTOR ADDRESS (174) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
5M 7/59 Popes Funeral Home, Washington, D. C. DATE JAN 8 '62 Unday S. Kraus	

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	1	00759 CERTIFICATE OF DEATH Reg. Dist. No. (1)754
rector rector	M)	1. PLACE OF DEATH o. COUNTY  Montgomery  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  b. COUNTY  Montgomery
death; funer ild be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Olney  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Olney
by the	X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Emory Lane  d. STREET ADDRESS ON A FARM? YES \( \) NO \( \)
illed in		3. NAME OF DECEASED (Type or print) George Thomas Barnsley OF DEATH Jan. 8 19 62
d within sletely fill rs. Page		5. SEX  Male    6. COLOR OR RACE   7. MARRIED     NEVER MARRIED
and component death.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Consignee  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  Waryland  12. CITIZEN OF WHAT COUNTRY  USA
0 - = =		13. FATHER'S NAME  OJames W. Barnsley  Myrtleillett
certificate ng physician remove ca		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) Unknown Mrs. Hazel Johns, Sister, Olney, Md.
attendi on pleas		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
s that the		Conditions, if ony, which) Due to Acute a Chronic Medicine Years
require an. n signec ssit perr	٨	gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u>   Column   Column
physici physici has bee rial-trar	U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sigma \text{NO} \) NO \( \sigma \)
tending ificate the bu		20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIB
PHYSIC ol or ol this cert r use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two work of two rest.)  20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
NDING e ched fo		21. I certify that I attended the deceased from 196, to 186, to 1962, that I last saw the deceased alive on 1962, and that death occurred at 12/30P M, from the causes and an the date stated above
A ATTE		ACTUAL SIGNATURE  M.D. Sounday Spring M.D. PATE SIGNED  M.D. Sounday S
retaine RAL D should		PHYSICIAN'S NAME (Type) Sandy Spring, Maryland
may be begge 3 page 3	0,	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify) 1/11/62 Friends Meeting House Cem. Sandy Spring, Marylan
VS A15 (4) 15M 9/55	A.	23. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey, Bethesda, Maryland  DATE  240. REC'D BY REGISTRAR  ALL 246. REGISTRAR'S SIGNATURE  OATE  AND 1 1 62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	March 1 1980		
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY • STATE Pennsylvania b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) rector. write RURAL end give nearest town) Philadelphia RMXXXXXXXX Bethesda 5 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 824 North Hilton Street The Clinical Center, NIH YES NO K in pencil in Item 18. Give Pages 1, 2, and 3 to the funer Office along with form PM3. Page 5 may be retained purial-transit pencil. refainer he State 3. NAME OF Middla DATE Month Day Year DECEASED DEATH 1962 (Type or print) Edward William Barth Jan. 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS, age 5 may k 1 and 2 with 72 hours af last birthdey) Months Hours Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania USA Carpet Truck-loader pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Blakelev Steven Barth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or dates of servica) Clinical Center, Medical Record WWII 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN or's Office along was a burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest sudden IMMEDIATE CAUSE (e) CAMINER: This certificate should be 410X DUE TO Rheumatic heart disease with Conditions, if eny, which vears geve rise to immediate cause "pending" Examiner SE (e), steting the underlying 0 Aortic stenosis & Mitral insufficiency be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY Died while undergoing surital anesthesia in preparation for PERFORMED? NO heart surgery. bluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. icate, writing to the Chief A OR: Page 3 st 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) factory, street, office bidg., etc.) Not While White Hour a.m. at work at work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 forwarded t Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER , he designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for PUNERAL I DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) 240 p 240 REC'D BY REGISTRAR | 24b. ZEGISTRAR'S SIGNATURE W.W. CHAMBERS CO. 1400 CHAPINST, NO WASH DC VS. AISME Cirthur S. France SM 9/60

AND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY Mont	gomery			MARYLAND	0	Maryl Maryl	and	b. COUNTY	Mont	tgome	ery	
b. CITY OR TOWN RURAL and give r Silver	(If autside carporate limit learest tawn) Spring	s, write	c. LENGTH OF	STAY IN 16 Gars	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  39 Silver Spring							
d. NAME OF HOSPI 1898/05/11/1994	TAL (If not in hospital, gi	ve street o	address)		1	d. STREET ADDRESS 1816 Bris	bane S	treet		•		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	THOMAS	t	NOIAN	liddle	E	Last BEALL	4. DATE OF DEATH	Mon Janua		7th,	,	rear 19 62
Male	7872 a de a	7. MARR	IED NEVER M	ARRIED		TE OF BIRTH ne 15th, 1	877	9. AGE (In years last birthday) 94 yrs.	IF UNDE Manths	R 1 YEAR Days	Haurs	R 24 HRS Min.
during mast af way	ON (Give kind af wark d king life, even if retired) Retired)		KIND OF BUSINE	ESS OR INDI	USTRY	11. BIRTHPLACE (Sto Silver Sp			12. CI1	USA		OUNTRY
3. FATHER'S NAME Cornelius	Beall				14.	. MOTHER'S MAIDEN Lucy 0	Connoi	r				
S. WAS DECEASED EVI Yes, no, or unknown) NO	ER IN U. S. ARMED FORCE (If yes, give war or dates of ser None		SOCIAL SECURITY		information 1	want r T. Beal	1, 9209	Addi 9 Saybroo		s. Si	1.Sp	o., Mc
	ATH [Enter anly one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/	pe far (a), (b), and		1	than	rlos	is			RVAL BE ET AND	
Canditians, if a gave rise to cause (a), stating lying cause last.	immediate (	(	Orte	nose	Re	rosis					7	
	HER SIGNIFICANT COND	2h	erten.	rion					EN IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)											
20c. TIME OF INJU Haur a. m. p. m.	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While at wark at wark at wark at wark											
saw the decea	at (I) (this hospital)	attend Jan	1			accurred at	962 to	The causes an	19_1 d an th		stated	abave
22a. SIGNATURE	elliam	9	au	Q	M.D.	PHYS.	MED. DIRECTOR				1/1	SIGNED
22c. PHYSICIAN'S NAME (Type)	William D	. At		7		22d 9808 Co	spring,	. Nd .				
3a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREO 1/20/196	_				on Cemeter	ry Rigg		d. Hy	ratts	vill	e Mc
.W. Chamber	e's SIGNATURE S. Inc. Sil-	ver S	ADDRESS	Mđ.		1	C'D BY REGIS		Chur &			

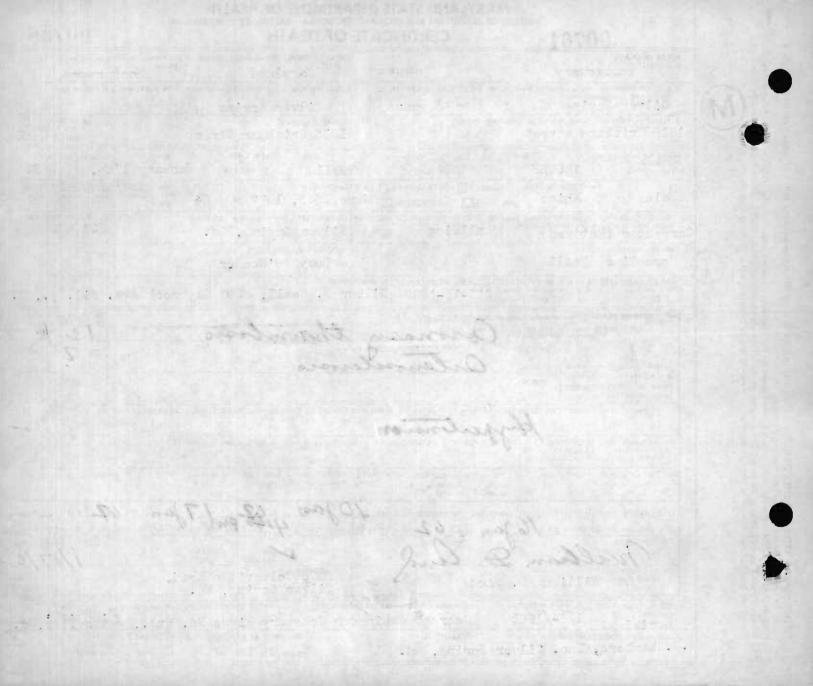
page 3 should be detached far the State Board of Health prior may be remi TO HOSPITAL VR A1S (4) 1SM 9/59

funeral directar, auld be filled with

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dec

this certificate has been signed by the attending physician and completely filled ir use as the burial-transit permit. Then please remove carbon papers. Pages 1 or to burial, cremation, ar remaval, and in any event, within 72 haurs after death.



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after	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Is 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11757

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1. PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Where			idence before	edmission)			
MONTGOME	DV.		MARYLAND	MARYLAND B. COUNTY MONTGOMERY								
b. CITY OR TOWN	V (if outside corporate limit	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)								
write RURAL a	and give nearest town)			V.				7.00				
OLNEY			APROX. 11 HRS	GAITHERS								
d. NAME OF HOS	SPITAL OR INSTITUTION (	if not in hosp	pital, give street address)	d. STREET ADDRES	SS				RESIDENCE I A FARM?			
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3. NAME OF	First	VACILIA	Middle	Last	4. DATE	Mont	h	Dey Ye	er 2			
(Type or print)					OF	w		. 40				
	JAM	ES	W.	BEERS				4 19	U.E.			
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED   B	. DATE OF BIRTH		<ol><li>AGE (fn years last birthday)</li></ol>			R 24 HRS.			
Mare	Morre	WIDOWE	DIVORCED T	4/10/69		92 yrs.	Months Da	ys Hours	Min.			
10a. USUAL OCCUP.	ATION (Give kind of work		NO OF BUSINESS OR INDUSTR		ounty & State.		1 12. CITIZE	N OF WHAT	COUNTRY			
done during most of	working life, even if retire	d)										
RETIRED					LVANNIA		U	.S.A.				
13. FATHER'S NAME				14. MOTHER'S MAIDE	NAME							
GEORGE W	. BEERS			ELLEN	RICHEY							
15. WAS DECEASED	EVER IN U.S. ARMED FOR (Hyes give war or dates of se	CES?   16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address						
(10s, no, or unkown)	(11 ) as 81 As Mat ot dates 012	etAice)		HOSBIT	AL RECO	ene						
I IB. CAUSE OF	DEATH  Enter only one	cause per li	ne for (e) (h) and (c) )	1103711	AL MECO	IKU3		INTERVAL BI	ETW/FEN			
							ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) BILATERAL BRONCHOPNEUMONIA. With abscess												
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Z PART II. OTH	HER SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1					
TA		Apri	ERIOSCLEROTIC	HEADT DIREA	95			YES X	ORMED?			
200 ACCIDENT	WAS UNDERLYING []		CRIBE HOW INJURY OCCURED			Il of item IR \		1100				
OR CONTRIBUTION	G CAUSE OF DEATH	200. 023	TRIBE HOW HADRY OCCURED	. (Emer nerale of injury	III TOTT TOT TOT	ii or nem rus,						
20c. TIME OF IN	JURY Month, Day, Yee			CE OF INJURY (Home, fo	arm,   20f. (C	ity or town)	(County	()	(Stete)			
Hour e.m		While at work		ory, street, office bldg., e	etc.)							
-				- / /								
21. I certify	that (I) (this hospit	al) attend	led the deceased from	1/3/6230	Δ 19, to	1/4/62	, 19	, that (I)	(we) last			
saw the dece	ased alive on1/	4/62	led the deceased from	death occured at.	M, fro	m the causes	and on the	date state	ed above			
22e. SIGNATUR		_							b. DATE			
	7 1.1	3 -	short "	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED			
22c. PHYSICIAN	's	JULI	chara m	22d. ADDRESS								
NAME (Typ	-1 //	OSCHA	RT, M.D.		GAITH	ERSBURG,	MARYL	AND				
	ATION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(	Stete)			
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hrnest	C. Gartner	· Ga	ADDRESS Lithersburg.	DATE	JAN 8	62 ZSB. RE	GISTRAR'S SIC	TALKE				
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HOSPITAL RECORDS

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## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURA) d. NAME OF d. STREET ADDR NAME OF Middla 4. DATE DECEASED OF (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR DATE OF BIR NEVER MARRIED ast (birthday) Months WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detas of service) Yes Yes-Unknown 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, offica bldg., etc.) Not Whila Hour a.m. While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inquiry V death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER PUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU USCHZHA NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Arlington Virgini 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE lington Nat. Cem 23. FUNERAL DIRECTOR VS. AISME Robert A. Pumphrey, Bethesda, Maryland DATE FEB 5M 9/60 william & Throng

ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? NO

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DATE SIGNED

(State)

(County)

PLANTE GEORGE A BENTLEY And East 1 and Annual Control of the Modert A. Frankrev, Setavatu, Durgland .. 17850

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0764 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE FALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY b. CITY OR TOWN III CUISTO OTHE TY Maryland MARYLAND Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 6807 Connecticut Avenue Connecticut Avenue 3. NAME OF DECEASED OF DEATH (Type or print) Louis 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Bessev AGE (In yeers lest birthday) Months Deys B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Civil Engineer Retired Kentucky pages Give Pag 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Bethesda. Md. (Yes, no, or unkown) | (Ifyes give war or dates of service) Mrs. Browning-Step daughter WW Yes-Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Audel geve rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING F CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)
While Not While To factory, street, office bldg., etc.) Month, Day, Yeer 19 62 at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection M. Inquiry Accident Y Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER A should be not to be seen a should be not to FUNERAL Dis. ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stete) 22e, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/6/62 Burial Parklawn Cemetery Rockville Maryland
24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Robert A. Pumphrey, Bethesda, Maryland DATE JAN 8 Chrimos S. Mraus 5M 7/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) COUNTY b. COUNTY MARYLAND ontanner b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY ON TOWN (If outside corperate limits, write RURAL and give neerest town) write RURAL end give nearest town) renstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Washing 3. NAME OF DECEASED 4. DATE Last Month Day OF (Type or print) DEATH 1962 iam Shop anuar 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY Stete, or foreign country) done during most of working life, even if retired land land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 0 PERFORMED? YES V NO . ercolleroses 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Slate) Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work | et work p.m. w. 76 , 1967 , that (I) (we) last ...., end that death occured a.M. M. from the causes and on the date stated above saw the deceased alive on.. 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S HOSPIT NAME (Type) 23e. BURIAL, GREMATION, 23b 23c. NAME OF CEMETERY OR GREMATORY 23d/LOCATION (City, Z di L DAYONE (Specify) elo. 01 Lacet 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE APPRESS VR A1S (4) DATE JAN Orlling & Trans

RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 h and beath. Page may be used by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely "" of input in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Is and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afjerded.

## MARYLAND STATE DEPARTMENT OF HEALTH

	WILLIAM ALVINO		
IVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON STREET	BALTIMORE 1, MARYLAND
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		PLACE OF DEATH							CE (Where o	deceased lived,		Residen	ca befora a	dmission)	
	Montgomery MARYLAND							Maryland b. COUNTY Montgomery							
1		b. CITY OR TOWN (if	outside corporate lin	aits,	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1		Silver S	give nearest town)				Silver Spring								
		d. NAME OF HOSPIT		(if not in ho	spitel, give street	eddress)	d. STREET ADDRESS   a. IS RESIDE								
		2314 Go	lston Driv	e			1 23	14 Col	ston I	rive				NO X	
		NAME OF	Firs		Midd	le	La	st	4. DATE	Moi	ith	Day	Yea		
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		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED					DATE OF	0		9. AGE (In yae		-	IF UNDER		
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				WIDOWI					1	/3 yrs.	1 12 6	171751	F WHAT	CULITAVA	
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	R	etired-Int	cernal Rev		U.S. Gov	7 t		mbersb		Penna.		U.S	S.A.		
7	13.	FATHER'S NAME					14. MOTH	ER'S MAIDEN	NAME						
4	V	Joseph	Bittinger					Elizab	eth	Unknown					
		WAS DECEASED EVE			SOCIAL SECURI	TY NO.   17. 1	NFORMAI	JT		Addre	SS				
	(Ye	yes (If	Jorld War	em .			Inez F	. Bitt	incer	2314 C	clsto	n Or	Sil	Sn Md	
			EATH [Enter only on		line for (a), (b), a	nd (c).]		0	11.601	202	02000		TERVAL BET		
		PART I. DEATH	WAS CAUSED BY:	R	1	2	a la	1-PA	~ 446	none	éa	10	ISET AND	DEATH	
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		40)	DUE TO											0	
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		cause last.	) (	:)											
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AL.	CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING	20b. DE	SCRIBE HOW INJ	URY OCCURED	. (Enter netu	re of injury in	Pert I or Part	Il of item 18.)					
	ERT		MEDICAL EXAMINER												
		20c. TIME OF INJU			INJURY OCCUR	ED   200 PL4	CE OF INIU	RY (Home, fer	m. 1 20f. (C	ity or town)	(C	ounty)		(Stata)	
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	ME	p.m.	19	at wo	rk at work				1	1	101	10			
		21. I certify the	hat (I) (this chosp	ital) atter					19.5.3h		2.5, 1				
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		103	ensh A	Na	Moson	\ N	.D. PHYS.		DIRECTOR	PHYS.	1	M.~	119	62	
		22c. PHYSICIAN'S					22 d.	ADDRESS			()				
		HAME (Type)	V								V				
	23	BURIAL, CREMATI	ON. 23b. DATE TH	EREOF	23c. NAME C	OF CEMETERY	OR CREMAT	ORY	23d. LO	CATION (City,	lown or cou	inty)	(\$	tata)	
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	-	Burial		6	ADDRES	gton Na	. Li Olid.	1	C'D BY REGI		REGISTRAR'	rgin s signa			
	24	FUNERAL DIRECTOR		/010			r -1- 10-		FEB	62	arthur				
		Deal Fune	ral Home	4812	Ga.Ave.	, N. W.	asn.D	DATE							

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY MARYLAND gomew, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, writa RURAL end give nearest town) write RURAL and give pearest town) oma Par d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Month Year DECEASED OF (Type or print) DEATH 1962 23 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months | WIDOWED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0110 ermanu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 and a Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, fr unkown) | (Ifyes giva war or datas of service) removal ecords 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work av 23 ..., 1962, that (I) (we) last saw the deceased alive on . TEC 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS ector, CEMETERY OR CREMATORY LOCATION (City, town or county) 23a BURIAL CREMATION. 23d. (Slete) g. 4. Sa. REC'D BY REGISTRAR 196. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A1S (4) 15M 7/61

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00768 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery irginia Fairfax MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) within 24 (Rural) Bethesda Fairfax 15 minutes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital. NNMC 20 Norman Avenue YES NO X executed NAME OF Middle DATE 4. Month Year DECEASED (Type or print) DEATH Goerge Oliver 19 62 Botts 20 January With 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. pue last birthday) Male WIDOWED [ DIVORCED Cau April certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. 8IRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USN Lawver Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death George R. Botts Maggie Broscious 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Wife-Christine M. Botts, 20 Norman Ave., Fairfax, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUF TO gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While at work et work 21. I certify that 10 (this hospital) attended the deceased from......20...January 1962., to......20...January 9.62 that (1) (we) last saw the deceased alive on 20 January 1962,, and that death occured at 7:15, AM the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 20 January 1969 M D 22c. PHYSICIAN'S 22d. ADDRESS .N. Houk. LCDR MC USN U.S. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMÉTERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Arlington National Burial Arlington, Virginia 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Contract S. Tracks JAN 23 '62 15M 7/61 Home. Fairfax, Virginia DATE

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TO HOSPITM, OR A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 to death. Par I may be dired by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Es 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALT

MAI	KILANU SIAIE DEPAKIM	ENI OF REALIN
DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W.	PRESTON STREET, BALTIMORE 1, MARYLAN
00769	CERTIFICATE OF D	DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If Institution: R	esidence before admission)
Montgomery MARYLAND	a. STATE ond b. COUNTY Monts	zome rv
b. CITY OR TOWN (if out ide corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
write RURAL and give heerest town   1 days	22 Silver Spring	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
11 1 6 . 11 1	, ,	ON A FARM?
3. NAME OF A First Mosp. Middle	1408 Wire auc	YES NO
DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) John William		1 19 62
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1   Months   E	YEAR IF UNDER 24 HRS.
male White WIDOWED DIVORCED	7-24-04 57 yrs. Months	reys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		ZEN OF WHAT COUNTRY
done during most of working life, even if retired)  Sheet Metal Compa	iny Va.	Quanta en
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- Concentration
12		
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
Yes, no, or unkown)   (If yes give war or dates of service)	Address Address	
No   578-03-3216	Pt Chart	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	y Romanhage.	5 daya
147 DUE TO		1
Conditions, if any, which ) (b) Brencho	Olma (Manana)	2 5 hor
geve rise to immediate cause	your comments	-
(e), steling the underlying DUE TO		
Cause last. (c)	OT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART	1/a) 10 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	east.	YES NO
OP. COIDENT WAS UNDERLYING COOKER OF DEATH OF CONTRIBUTING COURS OF DEATH OF CONTRIBUTING COOKER OF DEATH OF COOKER	D. (Enter neture of injury in Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm,   20f. (City or town) (Cour	ity) (Stete)
at work at work	ctory, street, office bldg., etc.)	
	De 2 1054. De-1 100	13 1 1 10 1 21
21. I certify that (I) (this hospital) attended the deceased from		
	at death occured at 7P.M., from the causes and on the	
220. SIGNATURE	ATTENDINGMED STAFF	22b. DATE SIGNED
Section of the sectio	M.D. PHYS. DIRECTOR PHYS.	1-1-62
22c. PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D.	927 Pleashing Prine, Les	low Spring,
38. BURIAL, CREMATION. 235. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county	) (State)
REMOVAL (Specify)		Manual 2
	en Cemetery   Silver Spring ia Avenue25a. REC'D BY REGISTRAR   25b. REGISTRAR'S S	Maryland
Transment (1, 2, about	200 51 11 0	1.4
E. Fumphrey Inc. Silver Spring, M.	aryland DATE JAN 4 '62   Cuthun X.	/ Vision

Service religion, of the service of residentials of the control of the c The state of the s

# The law requires that the death certificate be executed within 24 h After this certificate has been signed by the attending physician and completely be detached for use as the burial-transit permit. PHYSICIAN: TO HOSPITAL WYST Geath, Page 10 FUNERAL 10 Girector, Pro 10 FUNERAL 10 F

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	A DVI A ND
CERTIFICATE OF DEATH  10770  CERTIFICATE OF DEATH	00764
1. PLACE OF DEATH  a. COUNTY  Montgomery  Maryland  2. USUAL RESIDENCE (Where deceased lived, If Institution, R  b. COUNTY  D.C.	asidanca befora admission)
b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearast town)
Wensington 11/6/61 to 1/19/62 Washington	47x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	a. IS RESIDENCE
Kensington Gardens Sanitarium 1311 Madison St. N.W.	YES NO IX
3. NAME OF irst Middle Last 4. DATE Month	Day Year
OF THE CONTROL OF THE	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1   last bi-hday)   Months   IF UNDER 1   MONTHS   MONTHS   IF UNDER 1   MONTHS	YEAR IF UNDER 24 HRS.
Temale   White   widowed   Divorced   10/30/1884   77 yrs.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Library of Congress U.S. Govt. New Jersey	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
George Bowman Louisa P. Cook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yas, no, or unkown)   (Ifyasgivewarordalesofservice)	
Sanitarium Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND BEATH
PART I. DEATH WAS CAUSED BY: My O Carley Whatchen	4 Hours
DUE TO O	1111
Conditions, if any, which (b) Colonary Thrombosis	THouse
gava rise to immadiata cause (a), stating the underlying DUE TO	1 11 -
causa last. (c) Coronary Scleuses	2VR5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, – –
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (Court factory, straet, office bldg., etc.)    Value	nly) (State)
21. I certify that (I) (this hospital) attended the deceased from Fall 1 49, 19, to Jan 19	hat (I) (ag) las
saw the deceased alive on	he date stated above
220. SIGNATURE  LIDING MED. STAFF PHYS.   DIRECTOR   PHYS.	/19/62 DATE SIGNED
222 PHYSICIAN'S NAME (Type) HORACE H CUSTIS JR 1852 Columbia Rel	hw WAS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	(Sta)e)
REMOVAL Specify 1/23/62 Rock Creek Cemetery Washington, D	.c.

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.C.
The S.H. Hines Co., 2901 14th St.N.W. Wash 256. REGISTRAR'S SIGNATURE arihan S. Flence DATE JAN 2 2 '62

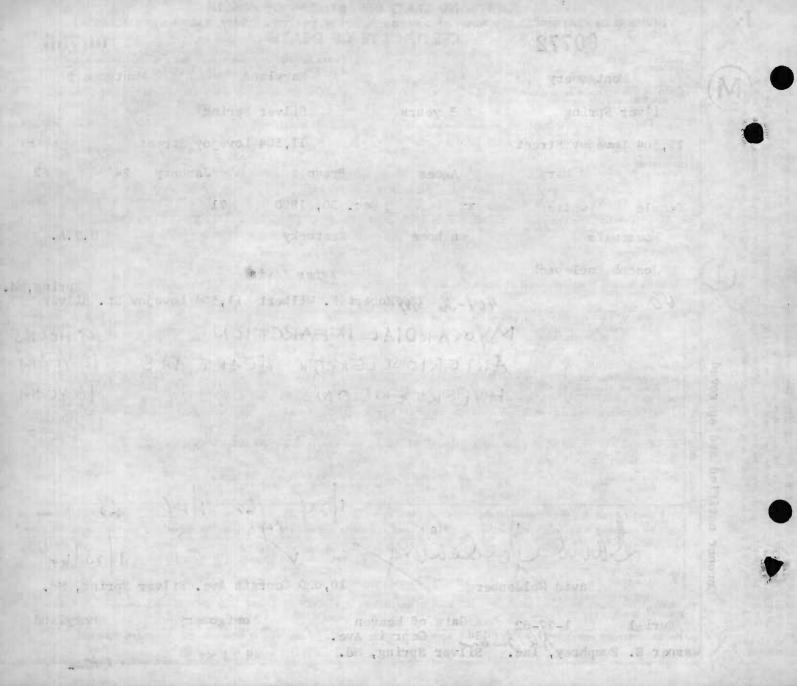
N.W. AE nothern fill multiplines account may a lares Pillerangel was named to a subsuite Formile watte estate of root Hoop . 4 Matthe HEREITE H COLLEGE DE CHAMBLE CHAMBLE 1/23/62 Hook Crosk Cerstary Western You. I.C. The S. H. Hines Co., 2901 lith St. W. W. senh ... and the Senies of MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Some of the property of the service of the than the second of the second The second secon Les de la company de la compan · 我们是我们的现在分词,这种特殊和一个家们的现在是一个现在是一种特别。

CERTIFICATE OF DEATH 00772 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Silver Spring vears Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11,504 Love joy Street 11.504 Lovejov Street YES NO K NAME OF Middle Year DECEASED (Type or print) Braun DEATH January 62 Mary Agnes 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Dec. 30. 1890 female WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife U.S.A. Own home Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ Joseph Unclebach Then ple Agnes Lewis ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Md. (Yes, no, or unkown) | (Ifyes give wer or dates of service) removal Robert F. Wilbert 11,504 Lovejoy St. Silver permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARDIAL INFARCTION IMMEDIATE CAUSE (e) DUE TO ERIOSCLEROTIC HEART DIS attending 70 Conditions, if any, which (b) (d) geve rise to immediate cause LOV DUE TO (e), steting the underlying ERTENSION ceuse lest. 0 A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION d PERFORMED? NO T 70 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) e OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 70 efached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 63 fectory, street office bldg., etc.) 五年五 While Not While Hour a.m. et work et work p.m 19 00 21. I certify that (I) (this hospital) attended the deceased from...... E O saw the dedeased alive on 22a, SIGNATU 22b. DATE Corone ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. page 22d. ADDRESS 22c. PHYSICIAN'S death. Page NAME (Type) 10,620 Georgia Ave. Silver Spring, Md. David Soldenberg director, be filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Gate of Heaven Montgomery Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE T ADDREGEOTEIA Ave. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Warner E. Pumphrey, Ine. Silver Spring. Md. 15M 9/60 DATE JAN 2 9 '62 Cathan & Heave

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1	10	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
± 7670	-	CERTIFICATE OF DEATH
after		1. PLACE OF DEATH  • COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
5 C1 F	IVI)	34 JIAIE / B. COUNTY D.
by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  C. CITY OF TOWN (If outside corporate limits, write RURAL and give neerest town)
in 2 id in es 1 after	سر یس	Takoma Park Badays Takoma Park 17
with y fille	15	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street extress)  Washington Sanitarium at Hospital  7504 Jackson Aud.  1. Is residence on a farm?  YES \( \text{NOW} \)  NOW  YES \( \text{NOW} \)
pletely papers, 72 ho		3. NAME OF First Middle Last 4. DATE Month Dey Yeer
om om	1	(Type or print) Mr. John Aloysius Breen DEATH January 1962
and carbo		S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
		Male white widowed Divorced January 16, 1890 71 yrs.
certificate physician remove any ever		doge during most of working life, even if retired)
		Ketired-Goult Employee District of Columbia U.S. A.
death ding pleas and in		John Breen Margaret Proney
he of the new line in		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANTA Address
he a		(You no, or unkown) (If yes give we ror dates of service) Washington Janitavium and Hospital Records
es the cian. by the trumit		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
hysical ped if ped if ped in, o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congestive Heart Failure 2 WKS.
or verge plants sign		DUE TO DUE TO TO TO THE TOTAL TO
e lavindin ndin seen ial-tı		Conditions, if any, which give rise to immediate cause (b) Bilateral pulmonary atalectoses with hydrothorax
The atternal		(e), stelling the underlying DUE TO  (cause last,
AN:	2	- in received, correct of the second
Spita tiffica se as or to	d	Brachia athma.
ho ho cer cer us		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH
this defe		
ING d by After ache		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) (City or town) (County) (Stete)  While Not While at work 19 et work
der Ger		
O Per		21. I certify that (I) (this hespitel) attended the deceased from august, 1961, to famuary 1, 1962, that (I) ( last
R A B A B A B B B B B B B B B B B B B B		saw the deceased alive on Dec. 3( 19.6/, and that death occurred at 5.7 M, from the causes and on the date stated above.
3 s l		226. SIGNATURE  ATTENDING. MED. STAFF SIGNED PHYS. DIRECTOR PHYS. TAN. (1012)
RA RA	- 1	22. PHYSICIAN'S DIRECTOR   PHYS.   VAN. 1, 1962
INE Pa		BELDEN R. REAP WHEATON, MARYLAND
HC eath FU rect	St. 4-	238. BURIAL, CREMATION, 236. DATE THEREOF 238. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town or county)
5 5 5 5 T	300	Burial Jan. 3, 1964 Blong Washington Cemilly adelphi, Vr. Sco. Co. Md.
VR A1S (4) 15M 7/61	47	24 FUNERAL DIRECTOR'S SIGNATURE APPRESS 250. REGISTRAR'S SIGNATURE
		Iftelher Walters 254 Carrel St. 4.W. Websk DEAJE JAN 3 '62 and & Kings

55700 The second of th Consisted West Edition of the Allendary The first series of the first series with the series of the series Willetter, and some of the lines. THE PARTY OF THE PROPERTY OF THE PARTY OF TH CARROLLES AND SHEET OF THE STATE OF THE STAT College of the state of the sta 

W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY Montgomery D. C. 77 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) þ write RURAL and give nearest town) Washington Bethesda (Rural) 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 5510 39th Street U. S. Naval Hospital mpletely NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Reed Bried Alice DEATH January 8. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and carbo last birthday) January 11. Female Caucasian WIDOWED [X] DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) New Jersey Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ettending | .= Ellen F. Sullivan Thomas G. Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give war or detes of service) FATHER: Thomas G. Reid. Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immadiate causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as o DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 2Df. (City or town) factory, street, office bldg., etc.) Not While Hour a.m. While at work at work TOR: 21. I certify that X (this hospital) attended the deceased from Dec. 28 1961, to Jan. 8 1962 that X (we) last DIREC 22a. SIGNATURE тау ATTENDING 3 DIRECTOR PHYS. X January 9. PHYS. 22d. ADDRESS NAME (Type) eath. Pa G. LINAWEAVER, LCDR MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 2-1.2 1 0 Arlington National Arlington, Virginia Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WDC VR A15 (4) Chillian & Firema Manlon Funeral Home, 4748 Wisconsin Ave, NWATE 15M 7/61

OR HOSPITA ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO A

19 62

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

22b. DATE

1962 IGNED

(Stete)

YES X NO F

(County)

USA

Months

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Surict Finion Funeral Rest, Wic Wisconstn Western

~		DIVISION	OF STATISTICAL	RESE	ARCH AND RECO	RDS, 301 W. PREST	ON STREET, BALTIM	ORE 1, MARYLAND
M			00775	T+	CERTIFICA em 23b. Fil	THE OF DEAT	H 2 iwk	00269
C Y	1.	PLACE OF DEAT	гн			2. USUAL RESIDEN	ICE (Where decessed lived, If i	nstitution: Residence before admission)
1			gomery		MARYLANI	o. STATE Flori	ь. coun	TY V
		b. CITY OR TOWN	(if outside corporate limits.		c. LENGTH OF STAY IN		(If outside corporate limits, write	RURAL end give nearest town)
		(Rural)	d give nearest town) Bethesda		4 days	Green	Cove Springs	48X.3
51		d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	1	U. S. Nav	al Hospital			Orange	dale Route	YES NO
	3.	NAME OF DECEASED	First		Middle	Lest	4. DATE Month	Day Year
1		(Type or print)	Kevin		Lowell B	ROADWATER	DEATH January	7 29 1962
1	5.	SEX	6. COLOR OR RACE	. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Male		WIDOWE		November 7.	last birthday) yrs.	Months Days Hours Min.
	10a	. USUAL OCCUPA	TION (Give kind of work	10b. K	IND OF BUSINESS OR INDU		nty & State, or foreign country)	
	00	ne during most of v	vorking life, even if retired			Kingsport	. Tenn.	USA
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN		
		Lowell Ho	ward BROADWA	TER		Margaret	KTLGORE	
	15.	WAS DECEASED I	VER IN U.S. ARMED FORC	ES?   16.	SOCIAL SECURITY NO. 17		Address	
	(10	NO NO	(If yes give we ror detes of ser	vice)		(Mother) Marg	aret Broadwater	, Nickelsville, Va
			DEATH [Enter only one of	ause per l	ine for (e), (b), end (c).)	1 6		I INTERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	Can	roomital Ite	ert Visease	· Pullimoirie A	resta lowers
	П	1	4 EDUE TO	0	1			
		Conditions, if e		21				
		gave rise to imme	diete cause					
1		(e), stating the cause last.	underlying					
7.	z		ER SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
do	CERTIFICATION							YES X NO
	IFIC	2De. ACCIDENT		2Db. DES	CRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Part I or Pert II of item 18.)	
	E.	OR CONTRIBUTING	G CAUSE OF DEATH					
	3	20c. TIME OF IN	JURY Month, Dey, Yeer	20d.	INJURY OCCURRED   20e.	PLACE OF INJURY (Home, far		(County) (State)
	WEDICAL	Hour a.m		While et wor		fectory, street, office bldg., etc	c.)	
	2	p.m				mOF Tomason	1960 to 20 T	10' 0 that the (wa) last
		21. I certify	that My (this hospital	anuar	10 62 and	hat dooth acquired 4th	35 RM from the causes	and on the dete stated above.
		22a, SIGNATURI		A	19, and I	nar deem occured wis.	2.2.24V/ Irom The Causes	22b. DATE
		Long Long	mer &	4)es	Ma		MED. STAFF PHYS. X	Jan. 30, 1962 SIGNED
1		22c PHYSICIAN	's	1	7	22d. ADDRESS		0an. jo, 1,02
1		MAME (Typ	1	BEEB	LT MC USN	U. S.	Naval Hospital	, Bethesda, Md.
	234	. BURIAL, CREMA	TION, 236. DATE THERE	OF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
		REMOVAL (Special Burial	y) 2/3/62		Nickelsvill	e Cemetery	Nickelsville	. Virginia
	24	FUNERAL SIREET	5RESSIGNATURE ALLE	7	ADDRES Rethe	sda Md 25a. RE	C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
		R.A. PUmp	hery Funeral	Home	7557 Wiscon	sin Ave DATE	FEB 1 '62	arthur S. Krows
	1							

NDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

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Toverbur 7, 1911

Targagont, Torna

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. . PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (if outside dorporate limits, write RURAL and give nearest town) MARYLAND c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) in by th c. LENGTH OF STAY IN 16 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 3 completely 3. NAME OF DATE 4. Month DECEASED OF (Type or print) DEATH cor and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED DIVORCED physician 9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 3 0 ics man S attending ph Then please r FATHER'S NAME 13. 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give war or dates of service) HOSD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit burial, cremation Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY as 0 use prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day Year 20f. (City or town) factory, street, office bldg., etc.) While Not White Hour a.m. at work at work DIRECTOR: p.m. 19 9 192 to. ...196 saw the deceased alive on...... and that death occurred a A.M. from the causes and on the date stated above ATTENDING 220 SIGNATURE DIRECTOR PHYS. FUNERAL M D owave 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, Po 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) 후 0 256. REGISTAR'S SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 his

PERFORMED?

NO

(Stete)

225. DATE

(State)

SIGNED

YES

192...., that (I) (we) last

(County)

Days

IF UNDER 24 HRS.

Min.

The law requires that the the hospital or attending physician. his certificate has been signed by the PHYSICIAN: ined by O HO

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 00777

		00777		CERTIF	ICATE	OF DEA	TH			0117	71
1.	PLACE OF DEATH	taomer	41	MARY		USUAL RESIDENCE	CE (Where decease	ed lived. If instituti b. COUNTY		elev	ision)
	b. CITY OR TOWN (IF	oviside corporate limi prest town)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If autside corp	orate limits, write F			n)
1	ensing	TOD				Mar	tins bu	ra		85X.	.3
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street c	oddrees		d. STREET ADDR		0 .		e. IS RE	SIDENCE A FARM?
1	ensing	ton Gan	dens	Sanitoria	m	157.1	150x 4	700.			
	NAME OF DECEASED (Type or print)	orence Fir	st	Belle Middle	Carp	penter	4. DATE OF DEATH	Mai		Day 6	Yeor 1962
S.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIE	D   8. D	ATE OF BIRTH		9. AGE (In years last birthday)	-	YEAR IF UND	1
	-	W	WIDOWE	D DIVORCE		2 Dec	1886	75 yrs.			
100	<ul> <li>USUAL OCCUPATIO during mast af warki</li> </ul>	N (Give kind of wark ing life, even if retired	dane 10b. 1	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZI	EN OF WHAT	COUNTRY
	House w.	Le				11/10	HIGAN	/	a	SA	111 150
13.	J 95 Pe	- S. G	ilbe	+	1	4. MOTHER'S MAI	DEN MAME	Palver	-		all
1S. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO					dress		
	No or unknown) (I			None	Char	rles W.	Carpen	ter-Hus	band-	same	2d
			use per lin	e far (a), (b), and (c).	, –	1				INTERVAL B	ETWEEN D DEATH
	PART I. DEAT	TH WAS CAUSED BY:	)	Hyposta	tic	brieus	noma			20	aus
	45	OUE TO	0	00,							1
	Conditions, if an		1	enile mi	ental	acteri	oration	with po	vanoi	a 37	year
	gave rise to in couse (a), stating t		,	1.1.	1	1		<b>V</b>		(	J
	lying couse lost.	(c	1_1	irterios	cleri	SUA				10-	year
CATION	PART II. OTH	er significant con	DITIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERF	MUTOPSY ORMED? NO []
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (E	inter nature af inj	ury in Part I or Po	rt II of item 18.)			
MEDICA	20c. TIME OF INJURY Hour a.m. p. m.	( Manth, Day, Ye	ar 20d. IN While at wark	NJURY OCCURRED  Nat while of wark	20e. PLACE foctory	OF INJURY (Hom , street, office bld	e, farm, 20f. (Cil g., etc.)	ty or tawn)	(Ca	ounty)	(State
	21. I certify that	t (I) (this haspital	) attend	ed the deceased	fram.	41.2	1948 ta.	gan, 16	196:	2, that (1)	(we) las
		ed alive an 4									
	22a. SIGNATURE		4								2b. DATE SIGNED
	Sathar	ine. a.	Clan	bman	M.D	ATTENDING PHYS.	MED.	STAFF PHYS.		Jan. 1	6 196
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS				1	7
		Katharin	e A.	Chapman		3924 B	alto. A	ve. Ken	singt	on, M	d.
230	BURIAL, CREMATION	N, 23b. DATE THEREC	)F	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOC/	ATION (City, town,	or county)	(Sto	ate)
	Burial (Specify)	1/19/6	2	Rock Cre	ek C	emetery	Was	hington		C.	
24.	FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS		250	REC'D BY REGIS	STRAR 25b. REG	ISTRAR'S SIGI	NATURE	
	Robert A	. Pumphr	ey.	Bethesda,	Mar	yland DA	TE JAN 1 9	'62 C	Luctury &	Trava	

Charley & Thous

page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL TO FUNERAL VR A1S (4) 1SM 9/S9

shauld be filed with

Pages 1

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

this certificate has been signed by the attending physician and campletely filled

Hypothetic francismis 2 days Lackgring A. Cudenten ... Jan 15 to ... over appring A services

## Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta lim write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 4 sethesa d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Middle DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, no, or unkown) | (If yes give wer or detes of trice) 14. CAUSE OF DEATH [Enter only one cause per line for (e), (b) l-transit p PART I. DEATH WAS CAUSED BY Conditions, if eny, which gave rise to immediate cause (a), steting the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 3 MEDICAL 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) While Not White Hour a.m. to the OR: Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry should be forwarded FUNERAL DIRECT Accident Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b 22d. LOCATION (City, town, or country) 0 Q40 REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE VS. A15ME Cirilian S. France

SM 9/60

a. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSEL AND DEATH

WAS AUTOPSY

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Months

(County)

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TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 ho effect of death. Page may be read by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turderal	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The state death of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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aw required phy	-fransit mation,
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OR A may be DIREC	should State
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# MARYLAND STATE DEPARTMENT OF HEALTH

441.	WILLIAM SIVIE BEL	MAN INTERNAL OF	11-7-7-111	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
00779	CERTIFICATE	OF DEATH		1111/2/10

1_	001/4					
1.	PLACE OF DEATH a. COUNTY			CE (Where decessed lived, If i		a before edmission)
	Montgomery	MARYLAND	». STATE Nebraska	b. COUN	TY	1
-	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		f outsida corporete limits, write	RURAL and give n	earest town)
	write RURAL and give neerest town)	77 deres		Mary Alley	, ,,	v 2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	77 days	d. STREET ADDRESS		641	I e. IS RESIDENCE
			d. SIREET ADDRESS			ON A FARM?
	The Clinical Center, Bethes	sda 14, Md.	7001 Pior	neer Boulevard		YES NO K
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Year
	(Type or print) Sylvia	Ruth Chi	ristensen	DEATH January	7 23	. 19 62
5.	SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS.
	Female White WIDOWE		17 August 191	lest birthday) 47 yrs.	Months Days	Hours Min.
10	e. USUAL OCCUPATION (Give kind of work   10b. KI	ND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY
d	one during most of working life, even if retired)					
12	Registered Nurse N. FATHER'S NAME	ursing	Nebra		U.S.	A
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Fred Mortensen		Pearl Fost	ter		
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. : as, no, or unkown)   (Ifyasgivewarordetesofservice)	SOCIAL SECURITY NO. 17. 1	NFORMANT The M	ledical Records.	4-19-5	
1,	No Not	available The	Clinical Co	enter, Bethesda	1/. Mar	brelv
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	- VIIII OUI OC	inver, be one bac	INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Sepsi	s with metects	tia shaaasa	C	ON 3	davs
	J () LL 3	.5 1100000	OIC abscesse	5		yays
	DUE TO Acute	myelogenous 1	oukomia		7	months
	Conditions, if any, which geve rise to immediate cause	mye togenous i	carcuita		- 1	IIIO11 0115
	(a) stating the underlying DUE TO	1	2 7	1 . 1 . 2	3	,
	causa last. (c) Bronc	nopneumonia ar	d pulmonary	hemorrhage and	edema 3	days
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
CATION	Adrenal hemorrhage. Thy	roid nodule			Y	ES NO
IFI	20a. ACCIDENT WAS UNDERLYING . 1 20b. DESC	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in I	Pert I or Pert II of item 18.)		
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		NJURY OCCURRED   200, PLA	CE OF INJURY (Home, ferm	1. 20f. (City or town)	(County)	(Stete)
MEDICAL	Hour a.m. While	Not Whila fact	ory, street, office bldg., etc.		(0001117)	(0.0.0)
X						
	21. I certify that (this hospital) attended					
15	saw the deceased alive on January 2	23, 19.62, and that	death occured a	15A. Mem the causes a	and on the da	te stated above
	22e. SIGNATURE			/		22b. DATE
	O Donnie Mina			AED. STAFF	January 2	SIGNED
	22c. PHY SICIAN'S			ne Clinical Cen	ter Not	ional
	MAME (Type) J. David Heywo	od	Institutes	of Health, Be	thesda 1	4. Md.
2	Be. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow		(State)
	REMOVAL (Spacify)	Lincoln Mem				(5.5.5)
	irial-Transit 1/23/62				Nebraska	
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	SISTRAR'S SIGNAT	URE
1	Robert A. Pumphrey, Be	thesda, Mary	Land DATEJA	N 2 6 '62   Qu	Ing S. Hime	4
1-						

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Mobert A. Enmphrey, Bechesdu, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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00774

-			
1.	PLACE OF DEATH O. COUNTY) PATEGO ME TY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Virginia	before admission)
	b. CITY OR TOWN (If gotside corporate in its, write Real and give nearest toyen)  2 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
/	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. SIREST ADDRESS	e. IS RESIDENCE ON A FARM?
1	ensing ton Gardens danitorium	"Chudleigh Farm"	YES NO
	NAME OF DECEASED (Type or print) William H	1. Hord 4. DATE OF DEATH / 2	5 1962
5.	6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLATE (Stote or foreign country) 12. CITIZE	OF WHAT COUNTRY
13.	Nathan Clifford	14. MOTHER'S MAIDEN NAME  Mobel M. Moore INFORMANT  Address	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)  LICS  Spam + WWZ	· · · · · · · · · · · · · · · · · · ·	fax Hotel
	8. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Carchial Thu	omposis	INTERVAL BETWEEN ONSET AND DEATH
Į.	Conditions, if ony, which (b) Conumbiand.	Arternoclinisis	
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO  (c)		
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT POST FART CONTRIBUTIONS AONTO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) (Cotory, street, office bldg., etc.)	unty) (Stote
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on	death occurred of 124M, from the couses and on the courses	that (1) (we) last
	20. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ROBERT F. DYER M.D	915 19 P G nw 0	vash 6 DC
23c	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF ARLINGTON NE		(Stote)
24. y s	FUNERAL DIRECTOR'S SIGNATURE AND Wheeler Funeral Home-1331 E. Montg.	Ave. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	

HYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death ar attending physician.

his certificate has been signed by the attending physician and campletely filled

his certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban popers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 hours after-death. TO HOSPITAL OR may be relaise

in by the funeral directar, and lauld be filed with

VR A15 (4) 15M 9/59

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(1)	X				MARY					a. miam		
7	-0	write RURAL end	outside corporete lin give neerest town)	nits,	c. LENGTH OF STA	Y IN 16	c. CITY OR TOW	-				
		lney					Olney	1////	ph/Nur	アナケア	7799	/
75		Montgome				ess)	Domin	ion Dr	ive			e. IS RESIDENCE ON A FARM? YES NO
_5	3.	NAME OF DECEASED	Fire	st	Middle		"CoTe	4. DAT		onth	Dey	Yeer 62
		(Type or print)	Da	1 017	М.		xximetex	DEA'	TH J	an.	39	1962
	5.		6. COLOR OR RAC	7. MARRIE	D NEVER MARRIE	D   8. D	ATE OF BIT 1.	70	9. AGE (In y			IF UNDER 24 HRS.
	100	female USUAL OCCUPATION	white	WIDOWE	DIVORCE		, = (/	378	83 yr	3.		Hours Min.
	do	e during most of work	king life, even if retir	red)	IND OF BUSINESS OR	INDUSTRY		Pa.	or loreign cour	nry) 12	U.S	
	12	Housewif	e		Hon		. MOTHER'S MAID				0.0	
	13.		Meek			14			Water of the			
T)								riett	a Carp		er	
		WAS DECEASED EVER			SOCIAL SECURITY N	O. 17. INF	ORMANT		Ad	dress		
		no		U	lnkno wn	HOGE	oital Re	cords				
1.7		18. CAUSE OF DE	EATH [Enter only on		line for (e), (b), end (c	nosi	orcar Ke	scor da				TERVAL BETWEEN
		PART I. DEATH	WAS CAUSED BY:	731	mehop	nollm	inin				O	NSET AND DEATH
		221			a vereger	Jul Circo		-				
		227	DUE TO	0	-d-	1)						if days.
		Conditions, if eny,	10	) Acu	re pu	Kinon	any E.	dann	R			1 days
		geve rise to immediate	te ceuse				-	/		,	2 -	1 days,
			te ceuse				lary E.	/		och.	Correct	1 days,
	Z	geve rise to immedie (e), stelling the und ceuse lest.	te ceuse	Cere			-	/		Occl.		19. WAS AUTOPSY
20	TION	geve rise to immedie (e), stelling the und ceuse lest.	derlying DUE To	Cere			-	/		Occl.	PART 1(e)	19. WAS AUTOPSY PERFORMED?
à	ICATION	geve rise to immediate (e), stelling the undeceuse lest.  PART II. OTHER	derlying DUE TO	DITIONS CON	ebral do deat	heone b	esci and	POR CON	enous &	GIVEN IN	PART 1(e)	19. WAS AUTOPSY
à	CERTIFICATION	geve rise to immedie (e), stelling the und ceuse lest.	derlying DUE TO	DITIONS CON		heone b	esci and	POR CON	enous &	GIVEN IN	PART 1(e)	19. WAS AUTOPSY PERFORMED?
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ð		geve rise to immedie (e), steling the unceuse lest.  PART II. OTHER  2De. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY A) 20c. TIME OF INJUR Hour e.m.	te ceuse derlying DUE To to the ceuse derlying Control of the ceuse of	2Db. DES	NTRIBUTING TO DEAT  GCRIBE HOW INJURY  INJURY OCCURRED  Not While	H BUT NOT RI	ELATED TO THE TEN	RMINAL DISEA in Pert I or Pe	SE CONDITION THE II of item 18.	GIVEN IN	PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
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MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery MARYLAND Marvland by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest lown) Wheaton Wheaton d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3915 Joliet Street 3975 Street Joliet 3. NAME OF Middle DECEASED BESSIE CONNELL (Type or print) DEATH January and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Sep. 25, 1889 Female WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Aaron Marcus Deceased Sarah Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Harry Reiness 13411 Dauphine St , Wheaton, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Generalized Essenting 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1946 to Dan 1.3 ..., 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on. 1961, and that death occured at 7.000 from the causes and on the date stated above. ATTENDING 22e. SIGNATURE Vertram DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 80 Manachusella aug n.w. Wash, () 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 市岛 Nat'l. Mem. Park Falls Church. Va. 0 Burial 24 FUNERAL DIRECTOR'S SIGNATURE

VR A1S (4) 1SM 7/61

Goldberg Funeral Home

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

**ADDRESS** 4217 9th Street N.W..

arthur & Kraus

(County)

Montgomerv

Months

. IS RESIDENCE ON A FARM?

YES NO I

19 62

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Instant Look

PERFORMED?

NO

(State)

22b. DATE

(State)

Yeer

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 23 Film G306 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery the d 2 and 2 death. MARYLAND C. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) = Bethesda (Rural) 13 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1826 Vernon Street YES NO X U. S. Naval Hospital. 3. NAME OF DATE Middle Month DECEASED (Type or print) DEATH Frederick (n) 19 62 Cook January 29 00 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Male Negroid WIDOWED DIVORCED March 5, 1890 nding physician please remove c 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) USA Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending Then please Frederick Cook Lee Alexander IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (al. (b), and (c),] INTERVAL BETWEEN SET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ? gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (4) (this hospital) attended the deceased from Jan. 16., 1962, to Jan. 29., 1962, that (X) (we) last 19.62, and that death occured at 7.2.35 PM om the causes and on the date stated above. law the deceased alive on Jan. 22b. DATE SIGNATURE

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within 24

executed

requires that the

VR A15 (4) 15M 7/61

22c. PHYSICIAN'S

Burial (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

WILLIAM P. BAKER LT MC USN 23a. BURIAL, CREMATION, 23b. DATE THEREOF

U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (State)

PHYS.

SIGNED

Jan. 30, 1962

23c. NAME OF CEMETERY OF CREMATORY Ar binetone z V Tropa a La

DIRECTOR

ATTENDING

PHYS. 22d. ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE McGuire Funeral Home, 1822 9th St NW Wash., D.C. DATEFR 2 arthur S. Thank

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U. W. Mayal Lavel . W. . U

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Washington, D. C.

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TALAGARA SANGERAN SAN

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Virginia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ write RURAL and give nearest town) requires that the death certificate be executed within 24 Arlington Bethesda (Rural 1 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, 3226 9th Street 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH OMAR WILSON COOPER JANUARY 13 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | B. DATE OF BIRTH ₹ last birthday) MATE CAUC 31 MARCH 1917 WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, aven if retired) U.S.. NAVY Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS COOPER LILLIE BURDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatesofservice) YES HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Pneumonitis, Bilateral, severe IMMEDIATE CAUSE (e) DUE TO Bacteremia Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying Fatty metamorphus of Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION use 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour e.m. at work at work p.m. Jan. 12 Jan. 21. I certify that X) (this hospital) attended the deceased from.... SIGNATURE Froun Langue USN MD. ATTENDING MED. STAFF mes DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) JAMES M. BROWN LCDR MC USN U.S. NAVAL HOSPITAL, BETHESDA, MD. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 18,1962 Maysville Cemetery Jan. Maysville Kentucky

OF VR A15 (4) 15M 7/61

Burial

JAN 1 8 '62

Virginia

Columbia PikeATE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cirilwy S. Kraus

13 Jan 1962

(County)

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

USA

Yeer

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00785 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Mont gomery MARYLAND Maryland Montgomer v b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bradley Lane 4415 Bradley Lane YES NO Z 3. NAME OF First Middle DATE Year Month Day DECEASED OF (Type or print) Jerome Bradshaw Cowden DEATH 19 January 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Davs male white WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired Government Work Supt. G.P.C. Washington.D.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending please Frank B. Cowden Louise Bradshaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Mil5 Bradley Lane (Yes, no, or unkown) | (Ifyes give war or dates of service) Mignon Smith Cowden-Chevy Chas ves 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PARTAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert of Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work p.m. 21. | certify that (I) (this hospital) attended the deceased from ...... 1962 and that death occured at 2465 from the causes and on the date stated above. saw the deceased alive on. OR 22a. SIGNATURE 22b. DATE ATTENDING SIGNED MED. STAFF PHYS. DIRECTOR PHYS. death. Page TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THER OF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P q. D National Capitol Memorial Park-Muirkirk Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) .H. Hines Co. - 2901 luth St., N.W. Chilling S. Thous 15M 9/60 DATE Washington 9.D.C.

37700 SOLIC VVOICE on add twentile anal telimen call Consens and Line are and defense, W. C. a. . . . . J. T. D . I GEE - Mgow British C. F. C. Erenbud. I doned Nameth State or Constant Late of Charge Constant Find Coor as to Co. . Make western and the transfer temperature temperature gaveries, Harrison 

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exe com			DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEA	19	
and and carbo		5. SEX   6. COLOR OR RACE   7. MARRIED	August 17, 1893 O yrs. Months Deyr		
icate		10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		OF WHAT COUNTRY?	
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000		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
5000		William H. Smith	Sarah Rhea		
the atten		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivawarordatesofservica)	INFORMANT Address		
he he	2	No Hus	sband: Max Cox, Same as #2		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
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lav idin een al-tr	Ē	Conditions, if any, which gave rise to immediate cause		39 0-11	
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0 20	<u>.</u>	21. I certify that ( (this hospital ) attended the deceased from	Jan. 8 1962 to Jan. 10 19 66	that (We) last	
	<u>0</u>	saw the deceased alive onJan101962., and that			
Sho sho	7	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE	
L 4		1 Ilmon M Hout	A.D. PHYS. DIRECTOR PHYS. XX Januar	y 10, 1962	
Fed		22cd PHYSICIAN'S NAME (Type) V. N. HOUK, LCDR MC USN	U. S. Naval Hospital, Bethe	cde Md	
HOSP ath. P		V. N. HOOK, HODR NO CON		(Stata)	
deatl deatl		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	The state of the s		
HH		Burial Jan. 12, 1962 Arlington	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN		
VR A1S (4 1SM 7/61		Ives Funeral Home, 2847 Wilson Blvd., Arl		,	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE the 12 Montgomery

b. CITY OR TOWN (if outside corporete limits, MARYLAND Maryland death. by th c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) within 24 er 5-Months 419 Carrollton Drive Derwood R.F.D.#] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick. Ammons Nursing Home completely executed 3. NAME OF Middle Last 4. DATE Month prosper hin 72 DECEASED OF (Type or print) DEATH Craddock January Marv 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH ă lest birthday) and Months Col WIDOWED T DIVORCED Female 4-23-1876 85 certificate 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired – de décide de la colédé de de de décide de la coléde de Domestic Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death Unknown Alice Albert Woodley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or detes of service) \*\*\*\*\*\*\*\*\* Nursing Home Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO which gave rise to immadiete cause DUE TO (a), steting the underlying ceusa lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as o 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work D.m 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on ..... .19 220 SIGNATURE O ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL HOSPITAI 22d. ADDRESS 22c. PHYSICIAN'S director, be filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) TO Frederick, Co Md Hopehil] Hopehil 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE JAN 2 2 '62 15M 9/60 Frederick, Md

MARYLAND STATE DEPARTMENT OF HEALTH

Children S. Thous

(County)

Frederick

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Days

a. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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(Stata)

22b. DATE

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SIGNED

12. CITIZEN OF WHAT COUNTRY?

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. STREET ADDRESS WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give streat eddrass) SUBURBAN 2770 BELMONT ROAD N.W 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH JAN. and co with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months DIVORCED WIDOWED V USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) irrespondance Officer State Dept. Penn. 14. MOTHER'S MAIDEN NAME Marv Jerome J. Casey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give we ror detes of service) Son C. Alexander Curtis 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) acterial endocarditis Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from Jan. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S -218 WISC AVE BETHELDA IY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 8URIAL, CREMATION, 23b. DATE THEREOF

Cathedral Cemetery

**ADDRESS** 

Bethesda, Md.

e. IS RESIDENCE ON A FARM? YES NO X

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U.S.A

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

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IF UNDER 24 HRS.

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25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0789 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad lived, If institution: Residence before edmission) e. COUNTY b. COUNTY the d Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give haerast town) by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Resmor Sanitarium 108 Normandy Drive YES NO 3. NAME OF Middle 4. DATE Day Yaar DECEASED OF (Type or print) DEATH Nora Curtis 19 62 Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Female WIDOWED DIVORCED 20 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foraign country) dona during most of working life, even if ratired) Housewife Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 and Andv Catherine Snow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica Shiflett-same No Son-Earl None 18. CAUSE OF DEATH [Enter only ona causa par line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) warmons sell carcinoma DUE TO Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), steting the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 50 NO N 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, straat, office bldg., atc.) While Not While Hour e.m. at work at work 24..., 19.42, that (I) (we) last ...1962. and that death occured at 20.24M, from the causes and on the date stated above. saw the deceased alive on. Land 10:30 PM 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED STAFF attisting PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Katharine A. Baltimore Rd. Kensington, Md Chapman rector, 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Burial-Transit Roseland Park Cem. Royal Oak. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

DATE IAN 2 9 162

Robert A. Pumphrey, Bethesda, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporate limits, write RURAL and give neerest tow NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO retainel NAME OF 4. DATE DECEASED OF (Type or print) DEATH 5 may be nd 2 with hours after 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even if retired) Retired Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM NKNOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or detes of service) William Demas, 2011 Hannon St., Lewisdale 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (a) ridde a bui. DUE TO Plnods Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undariying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY ld be PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Steta) factory, straet, office bldg., atc.) Not While Hour a.m. While prior at work | at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT plnods , Broschatt NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, GREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMO YAL (Specify) ठ 40 Cedar Hill Cemetery d Jan 26.62 Pr.Geo.Co., Maryland burial Wash, D. C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** DATE JAN 2 6 '62 VS. A15ME The S.H. Hines Co., 2901 14th St. N.W., 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO completely executed DATE NAME OF DECEASED DEATH (Type or print) and c. carbon p AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR MARRIED NEVER MARRIED The law requires that the death certificate be last birthday) Months Hours WIDOWED Y DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even A retired) 13. FATHER'S NAME 14. MOTHER'S affending 15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), signed by PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying causa last. Hall 19. WAS AUTOPSY part II, other significant conditions contributing to death but not related to the terminal disease condition given in part PERFORMED? certifical as NO ACCIDENT WAS LINDERLYING T | 20b. DSSCRIBS HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING EL CAUSE OF DEATH this 20e. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 19 attended the deceased from... 21. | certify that (I) (this bospital) causes and on the date stated above. and that death occured at saw the deceased alive on. DATE 22b. SIGNED ATTENDING DIRECTOR PHYS. FUNERAL ADDRES 22c. PHYS (Type) 23d. JOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ELLHERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur & Head

AND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00793 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before, admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside copporate limits, write pe LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE OF First Middle Last Month Day Year filled DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 9. AGE (In years JF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER WARRIED B. DATE OF BIRTH lost birthday Months Hours Min. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) mechan an 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL within WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) attending 0 please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Yeor 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) use factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. Por 21. I certify that (I) (this hospital) attended the deceased fram. that (1) (we last detached saw the deceased alive an. and that death accurred a M, fram the causes and an the date stated abave. 220 SIGNATURE 226. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. af pe M.D. PHYS. 220 PHYSICIAN'S NAME (Type) 22d, ADDRESS 3 should page 3 sh the State E FUNER 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) TOCKV

2So. REC'D BY REGISTRAR

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25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00794 pluods 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MONTGOMERY the day MARYLAND death. by th b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) BETHESDA davs WASHINGTON e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO SUBURBAN 3520 hot papers. n 72 ho completely executed 3. NAME OF Middle 4. DATE Month Dey DECEASED OF (Type or print) DEATH 19 and cor AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED THEYER MARRIED lest birthdey) Months Devs Min. Hours WIDOWED DIVORCED death certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired VTRGTNTA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding PHIL DULANEY WILHARI 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 0 577-05-1761 Beulah (Same as above) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) hospital or ances signed so certificate has been signed to the burial-transit programme. DUE TO Conditions, if any, which gava risa to immadiate causa DUE TO (a), steting the undarlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY NO 20b/ DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After I Month, Dey, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work an 28th . 19.62 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... Jam Hoth 2 and that death occured at I.V. M. from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. page 22d. ADDRESS 22c. PHYSICIAN'S FUNERA NAME (Type) ector, filed 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREO 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before ed e. COUNTY b. COUNTY nontgomer files. MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (it ourside corporete c. CITY OR TOWN (Incurside corporete limits, write RURAL end give heerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO and 3 to the fur may be retain NAME OF Middle 4. DATE Month DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF HTDER 1 YEAR | DATE OF BIRTH IF UNDER 24 HRS. 2 with last birthday) Days s 1, 2, and age 5 ma 1 and 2 v WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE 8. Give Pages pages 1 within 13. FATHER'S NAME 11300 (Yes, no or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c), Office along burial-transit r PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO certificate should geve rise to immediate cause DUE TO (a), steting the underlying 95 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe Ga TO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. buri 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Stete) Ch. fectory, street, office bldg., etc.) While Not While Hour e.m. to the OR: Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection | and in my opinion DIRECT Suicide Homicide Undetermined manner death resulted from: Natural causes Accident forwar CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL designal DEPUTY MEDICAL EXAMINER pluods NAME (Type) DEPL Address (Street, city, Iown, or county) 22d. LOCATION (City, town, or country) (State) 220. BURIAL, CREMATION, REMOVAL (Specify) 240 g 1-13-62 Gate of Heaven Cemetery Buri al Montgomerv Maryland 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Silver Spring. Md. arthur & Kraue DATE SM 9/60

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH eral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY Montgomery District Of Columbia MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, with RURAL end give neerest town) write RURAL end give neerest town 21 Days Bethesda Washington e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 3138 Stanton Road, S.E. NO Z The Clinical Center, Bethesda 14, Md. DECEASED 62 (Type or print) DEATH January Rtta Mae Early 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH last birthday) Months Negro Female WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife None Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Lily ( Unknown John Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN The Medical Records (Yes, no, or unkown) | (Ifyes give weror detes of service) The Clinical Center, Bethesda lu, Maryland Unascertainable 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral weeks DUE TO (b) Aspergillosis, Right upper Lobe weeks geve rise to immediate ceuse DUE TO (e), steting the underlying month (c) Acute Myelogenous PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df, (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) WEDIC While Not While Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from...January...3., 1962, to....January...249...62 that (1) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. January 25, 1962 PHYS. MD The Clinical Center, National 22c. PHYSICIAN'S John C. Marsh NAME (Type Institutes Of Health, Bethesda lu, Md. 23c. NAME OF CEMETERY OR CREMAJORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10 BUTTAL 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 12th Street, N.E. DATE

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W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate Units, write RURAL and give means town) MARYLAND c. LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearast (wn) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE DECEASED DEATH (Type or print) 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED fast birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHP! ACE (State or foreign country) 12. QTIZEN OF WHAT COUNTRY? done during most of working life, even if-retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) INTERVAL BETWEE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudde Occlused IMMEDIATE CAUSE (e) Orenany Office of burial-t DUE TO Conditions, if eny, which geve rise to immediate cause Ø DUE TO (e), stating the underlying as causa last. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? pe NO K plnous 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief bur MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work O B 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion scute the c...
be forwarded to a AL DIRECT. Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnous NAME (Type) Address (Street, city, town, or county) 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228. BURIAL, CREMATION, 226. DATE THEREOF (Steta) 040 p 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 9/60

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fter	uneral	pluces	1	T.
TO HOSPITAL OR ATT SING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	death. From way be read by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	of director, page 3 should be detached for use as the burial-transit permit. Then please permove carbon papers	hours affer dearn.	Y
be execute	and complete	arbon paper	/ Within /2	
h certificate	physician a	Se remove c	any event	1
lat the deat	he attending	Then plea	noval, and	
v requires th	g physician.	ansit permit	ation, or rer	
N: The lav	or affending has been	he burial-tr	ourial, crem	
PHYSICIA	this certificate	d for use as t	airn prior to t	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH  a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE Maryland b. COUNTY Montgome ry
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Bethesda DOA	07 Rockville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM
Suburban	305 Reading Ave., YES NO D
3. NAME OF DECEASED (Type or print)  TRMINE TO DECE	Last 4. DATE Month Dey Yeer OF DEATH 10.
5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8	DATE OF BIRTH JANUARY 4, 1962
7. MAKRIED NEVEK MAKRIED	DATE OF BIRTH  9. AGE (In yeers   IFUNDER 1 YEAR   IF UNDER 24 HRS   Inches   IFUNDER 24 HRS   IFUNDER 24 HR
F'emale   White   Widowed   DIVORCED     (  10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	1 -10 /20 -
done during most of working life, even if relired)	Marston 1
13. FATHER'S NAME	14. MOTHER'S MAIDENNAME
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Joher Comme Donald	Turo of porce mular
	NFORMANT Address
	ive Carr-Daughter-same 2d
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY:  UNDERSTORMED CONTROL  OF THE PART I. DEATH WAS CAUSED BY:	l obstruction 3 day
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Conditions, if any, which (b) mitastates	malignamy / yr.
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(a), stating the underlying	of cal. Fres
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
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OR CONTRIBUTING [] CAUSE OF DEATH	, (Enter nature of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work et work	ory, street, office bldg., atc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	1952 to 4 fam, 1962 that (I) (we) la
	death occurred at 10.300, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.   ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type)	D. PHS. DIRECTOR PHS. C
Stephen N. Jones	Veirs Mill Rod, Rockville, Maryla
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify) Burial  1/6/62  Rockville	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	JAN 8 02
Robert A. Pumphrey, Bethesda, Mar	Cyland DATE

Stanken M. James

Coperc A. Pumpheev, Semesde, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00799 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery Maryland CoTumbia of MARYLAND c. LENGTH OF STAY IN 16 b, CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Wheaton, Maryland 10mo. 22days Washington D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wheaton Nursing Home 7019 Georga ave. YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF Jan. (Type or print) Edward J. Ehrman traut DEATH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months 1883 28. Hours male WIDOWED death certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington D.C. U.S. government plate printer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ada St. John Edward Philip Ehrmantraut 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT mas. Elizabeth M. Chrmantraut (Samuas #2)

no for (0), (b), and (c).]

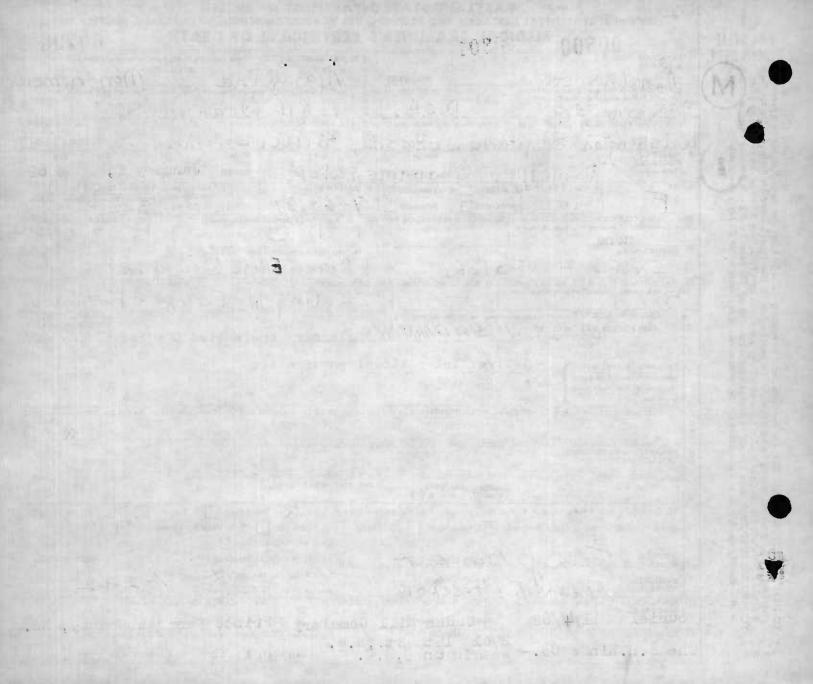
tastatic Carcinomo from Prostoto 5 yr. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geva rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Month, Dev. Yeer fectory, street, office bldg., etc.) Not While Hour a.m. et work 21. I certify that (I) (this hospital) attended the deceased from Jan 15 1958, to flam. 2.4 1962, that (I) (we) last SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 23d. KOCATION (City, town or county) 23a. BURIAL, CREMATION. SIGNATUR 125a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60

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1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00800 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00798
ALTH DEPT.	1. PLACE OF DEATH a. COUNTY  Maryland b. CILY OR TOWN outside corporal (limits, c. LENGTH OF STAY IN 1b)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY  b. COUNTY  MARYLAND c. CITY OR TOWN if outside corporal (limits, write RURAL and give nearly town) c. CITY OR TOWN if outside corporal (limits, write RURAL and give nearly town)
99	Tak orma lark  D. O.A.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
or the funerate ser death.	Washington Sanitarium + Hospital Silver Spring YES NO Day Year Deceased (Type or print) Danielle Christine Falck DEATH January 2, 1962
5 and 3 to 5 may be d 2 with hours me	5. SEX  To. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 9-6-6/  9-6-6/  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Mooths   Deys   Hours   Min.   Mooths   Deys   Min.   Mooths   Min.   Mooths   Mooths   Min.   Mooths
1, 2, age 5, age 5, and 72 hd	dona during most of working life, aven if retired)  none  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
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tem 18. Giv with form permit. File any event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordetasofservice)  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
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"pending xaminer's xaminer's used as a sion, or re	(e), stating the underlying DUE TO cause last. (c)
le word "pe ledical Exam ould be use cremation.	PERFORMED? YES NO  20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.)
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cale, wr to the O OR: Pag prior to	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  20d. INJURY OCCURRED Street, office bldg., etc.)  While at work at work at work Indicated above, held an Autopsy . Inspection Inquiry . and in my opinion
rded recording to the second s	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
SAL DIR	SIGNATURE Thank J. Browhart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
lesse executifies should be forward Funeral Directory its designated	EXAMINER'S NAME (Type)  NAME (Type)  PANK T. BLOSCH O Address (Street, city, town, or county)  226. BURIAL, CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)  (Stete)
A H	DUTIAL 1/4/62   Cedar Hill Cemetery Prince Georges County, Md.  23. FUNERAL DIRECTOR 2901 ADDRESS STARY STEP STARY STARY STEP STARY S
5M 9/60	The S.H. Hines Co Washington 9, D.C. DATE JAN 4 '62 Colling & Kraus



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00801

**CERTIFICATE OF DEATH** 

011797 Reg. Dist. No.

1,	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	n: Residence	before admission)
上	Montgomery	MARYLAND	Marylan		Tome	VY
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	G. CITY OR YOWN (IF	outside corporate limits, write RU	RAL ond give	e nedrest town)
Н	d NAME OF HOSPITAL (If not in hospital, give street of	nddress)	d. STREET ADDRESS			e. IS RESIDENCE
	8920 Ridge Place		-	Mar Place		ON A FARM?
	0920 Ridge Place		18720 11	idge Mace		YES NO
3.	NAME OF DECEASED (Type or print)	B, Fara	MIGY	4. DATE Month		Day Yeor 30 1962
5.	SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS.
Ì	Female White WIDOWE	DIVORCED	May 7, 18	85 76 yrs.	0 2	Hours Min.
100	<ul> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ul>	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZE	EN OF WHAT COUNTRY?
	House wite		Pennsyl	vania	U	,S,A,
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Samuel Brown		Mary L	ackey		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Ses. no. or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IF	NFORMANT	Addre	55	
	No		lison Farqu	har-son-same	2d	
	1B. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]		The second second	Santa St	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:	ocardial in	tweetfon -		7	ONDER AND DEATH
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_	lying couse lost. (c)	TETTUSETEVUS				
TION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
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CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 18.}		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	n, 20f. (City or town)	(Co.	unty) (State)
8	Hour o. m. 19 While	IAOI WILLIE	tory, street, office bldg., etc	)		
×	p. m.	of work				
	21. I certify that I attended the decease	ed from PREEMINE	(, 1935 , ta J	ankary 30, 1962	,that I la	st saw the deceased
	alive an January 30, 196	2, and that death	occurred at 3:30	P.M. from the causes ar	nd an the	date stated above
	ADDRESS (Street, city or town, state)  DATE SIGNED					
	SIGNATURE & Washington D.C.					
	SIGNATURE C CONTRACTOR	CE, M.D.	M.D. //12 4 44/1	MANUEL THE THE	211177	VILLE
	PHYSICIAN'S 1150 CONNECTICUT	AVE., N.W.			,	1/30/62
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or	county)	(Stote)
	Buriat 2/2/62	Parklawn Ce		Rockville, 1		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGN	
	Robert A. Pumphrey. 1	Bethesda, Ma	ITV LATIO DATE EF	12 6 '62 art	my 8. 9	CALLE

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MANYSAMI STATE DEPARTMENT OF MEALTH-EXITMORE, 121-

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 0802 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) COUNTY b. COUNTY gome MARYLAND arma gomeru b. CITY OR TOWN (if cutside corporete lim write RURAL end give neerest town) CITY OR TOWN (If outside corporete limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 16 108 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address, d. STREET ADDRESS ON A FARM YES NO completely 3. NAME OF DATE Dey Middle Month Year N DECEASED OF (Type or print) DEATH 19 within and cor 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE 0 last birthdey) Months Days Hours Min. WIDOWED T DIVORCED ರ 1De. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) 51m 0-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 0 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one cause per live tor (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which (b) geve risa to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY ICATION PERFORMED? 0 NO A use 5 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of ilem 18.) CERTIFI 2De. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) Month, Dey, Year 20f. (City or town) tactory, street, office bldg., etc.) While Not While Hour e.m ö at work et work 21. I certify that (I) (this hospital) attended the deceased from........ State 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1 Ro ZZO JR ector, 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Prince George Co. Maryland Hill Cemetery Buria. Jan. 24, 1962 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Kaismond a 15M 9/60 DATE Silver Spring, Md. Pumphrey Inc.

(121) Cardwell Jo Trest Child Consess Miles Traff of G Tradash cousing Like well was the ext me at Expension a Cott Wya acole at he street I Was the least of land of from I for more to see to the board Corotebes Fist usber capt by mat. Prince oct of the trans A PARA SILVER SIGNAL SILVER SILVERS SI will a rulle . and warpers . . annual

OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY h COUNTY MARYLAND and LENGTH OF STAY IN 16 (If outside corporete limits, write RURAL end give neerest town) þ .⊆ ages lled d. NAME OF HOSPITAL . IS RESIDENCE ON A FARM? 3. NAME OF DATE Middle DECEASED OF pape deLamater compl (Type or print) DEATH 19 OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME (If yes a ive were r detes of service been signed by the INTERVAL BETWEEN IMMEDIALE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying burial, certificate has ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY CERTIFICATION 35 PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After may be DIRECTOR: After 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Dc. TIME OF INJURY Month, Dey, Year 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work saw the deceased 22e. SIGNATUI 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS FUNERAL rector, OF CEMETERY OR CREMATORY 23d. LOCATION (Cify, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREO! (Stele) REMOVAL (Specify) ARLINGTON CEMETERY OL BURTAT 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR VR A15 (4) ROBERT A. PUMPHREY, BETHESDA, MARYLAND DATE FEB 2 15M 9/60 arthur & Trains

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ARLINGTON.

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OR ATTENDING PHYSICIAN: The law requires that the may be retained by the hospital or attending physician IRECTOR: After this certificate has been signed.

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W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside com ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neares XXXXX Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add) YES NO 3. NAME OF Middle DATE Yeer DECEASED (Type or print) DEATH 19 any event, within 6. COLOR OR RACE 7. MARRIED DATE OF BIBTH AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. NEVER MARRIED 8. last birthdey) Months Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME Montgomery 14. MOTHER'S MAIDEN NAME Elizabeth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service) DESSIE 18. CAUSE OF DEATH [Enter only ona ceuse per lige in (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. WAS AUTOPSY 95 PERFORMED? NO . prior 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) Health 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. Dept. of at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from ... 16.7.19......., and that leath occured at 25...M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE FUNERAL Erector, page 3 stilled with the S MED. SIGNED ATTENDING DIRECTOR M.D. PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) Wisconsin Ave. Beth. Md. Henry C. Scruggs TO FUNE director, p 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify) Rockville, Maryland Marys Cemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chrimer S. Thomas Pumphrey, Bethesda, Maryland DATE FEB 6 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Brownedware 10000 7 6 Exchronascular Occide-Continuelescopes, Generalizado 440018 · and dearly dearly Directo 7720 Maconstn Avy. Mets. Ad. enguage .O wan w - Kochvillu, Maryland Roberts A. Fumphrey, Buchesca, Maryland C. pus C. Maryland

DIVISION OF STATISTICAL RESEARCH AN PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidanca bafore admission) a. COUNTY Montgomery Maryland MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town) writa RURAL and give nearest town) Bethesda Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 4809 Chevy Chase Drive YES NO T 3. NAME OF DECEASED 4. DATE Day OF (Type or print) Ellis DEATH Saperton Flanagan 10 19 62 January 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Male WIDOWED DIVORCED December 12, 1892 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if retirad) Clerical U.S.A. Clerk Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Flanagan Dora Corroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yas, no, or unkown) | (Ifyes giva war or datas of service) The Clinical Center, Bethesda World War I 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peripheral Vascular Failure IMMEDIATE CAUSE (e) DUE TO Chronic Lymphatic Leukemia 7 months Conditions, if any, which (b) gava rise to immadiata ceusa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 (County) (State) factory, streat, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that the (this hospital) attended the deceased from....August...25...., 19.61 to...January....10, 1962, that the (this hospital) attended the deceased from....August...25...., 19.61 saw the deceased alive on January 10 19 62, and that death occured at 1:34 Phrom the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National NAME (Type Carl J. Bentzel, M.D. Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Arlington Cemetery Arlington, Virginia Burla 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland DATE

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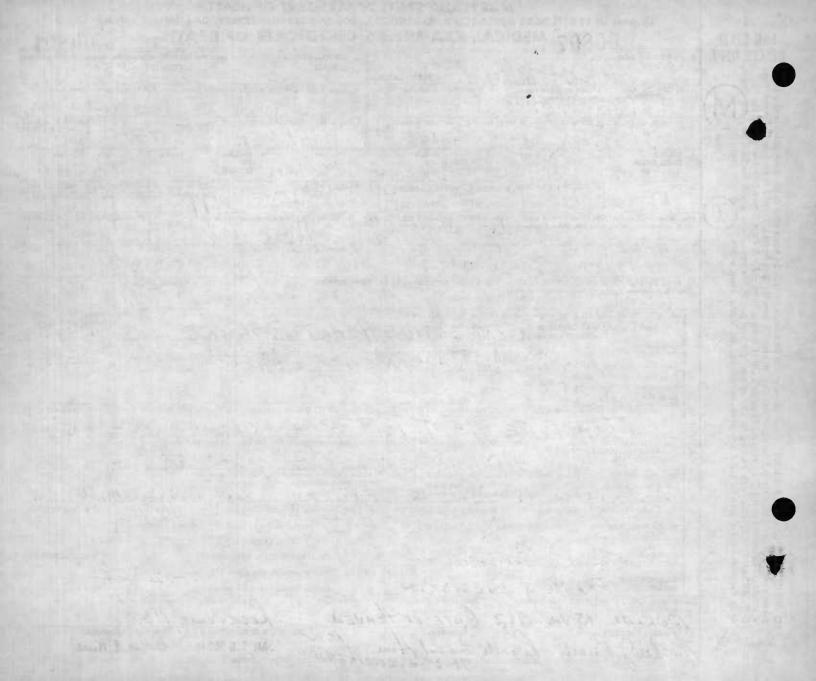
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PRESTON STREET, BALTIMORE 1, MARYLAND DEATH should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 MARYLAND OR TOWN (if outside corporete ti c. LENGTH OF STAY IN 16 c. CITY/OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ RURAL and give nearast town hes a .5 OR INSTITUTION (if not is hospital, give street address) d. STREET ADDRESS d. NAME OF HOSPITAL a. IS RESIDENCE ON A FARM? YES NO completel NAME OF DATE Day Year DECEASED OF (Type or print) DEATH 19 and cor IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR MARRIED NEVER MARRIED lest birthday) Months WIDOWED 7 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) lousewife U.S.A el sey s affending pl Then please r oval, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 255 16. SOCIAL SECURITY NO. requires that the гетома No SAME AS 1900 ng physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed he burial-transit DUE TO geva rise to immediata causa DUE TO certificate has by or use as the buri prior to burial, o (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? NO NO prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) Not While factory, streat, offica bldg., etc.) While 3 should be de 1966, to 1963 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.......... 5 1962, and that death occured a 150M, from the causes and on the date stated above. saw the deceased alive on..... 228. SIGNA JURE ATTENDING BIGNED DIRECTOR PHYS. PHYS. M.D. death. P. O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Congressional Washington 1-9-62 OF 8434ADDRESTEIA Ave. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Silver Spring. Md. 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY b. COUNTY vour files. MARYLAND c. CITY OR TOWN (If outside-corporete limits, write RURAL end give nearest ite RURAL end give neerest to . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (IF d. STREET ADDRESS ON A FARM? YES NO 4. DATE NAME OF Month DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. birthdey) Months Deys Hours WIDOWED [ DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no orsunkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN " in pencil in It Office along ONSET AND DEATH IMMEDIATE CAUSE (0) s a burial-MITRAL INSUFFICIENCY geve rise to immediate couse DUE TO (e), steting the underlying as cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Peri I or Peri II should 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. by auto whe 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, (State) 20f. (City or town) Month, Dey, Yeer fectory, street, office bldg., etc et work et work 16:25 p.m. 12-30 1961 21. I certify that I took charge of the remains described above, held an Autopsy Inspection he certifica forwarded t Homicide Undetermined manner death resulted from: Natural causes X Suicide CHIEF MEDICAL EXAMINER please execute the 4 should be forward FUNERAL DII or its designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE' DEPUTY MEDICAL EXAMINER TO DEPUT Address (Street, city, town, or county) 22 LOCATION (City, town, or country) 220. BURIAL, CREMATION, (State) REMOVAL (Specify) RIAL GATE OF TEAVEN AL 1240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR arthur S. Krans GEORGIA PUENU DATE



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	1/3		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
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AL	with th		22c. PHYSICIAN'S 22d. ADDRESS	11902
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HOSP sth. Pa	filed	23	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
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VR A15		24	FUNERAL DIRECTOR'S SIGNATURE 300-4th St. N.E. DWash. 256. REC'D BY REGISTRAR 256. REGISTRAR'S S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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	1 10	LACE OF DEAT	.00810			2. USUAL RESIDEN	CP When does	need lived If Institu	ution. Pasidan	on hefore admissis
1		COUNTY				- STATE	-7.1	h COUNTY	nuoni kesiden	ce pelole adilissi
1	b		(if outside corporete limit:	s. 1 c.	MARYLAND LENGTH OF STAY IN 16	District (			AL end give	neerest town)
		Bethesda	id give nearast town)	,	15 days			in ining, with No.	471	1.2
1			TTAL OR INSTITUTION (if	not in hospital,		d. STREET ADDRESS			TIA	a. IS RESIDEN
			AL HOSPITAL,			2918 Lega	tion St	M LJ		YES NO
1	3. 1	NAME OF	First	, 22 11111	Middle	Last	4. DATE	Month	Day	Year
1		Type or print)	Harry	A.	lbert	GILTNER	OF DEATH	January	16	1962
1	5. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years   IF U		IF UNDER 24 H
	M	[ale	Cauc	WIDOWED	DIVORCED	6 November	1878	83 yrs. Mo	nths Days	Hours Mir
	10e.	USUAL OCCUPA	TION (Give kind of work	10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cour	nty & Stete, or for	eign country)	12. CITIZEN O	F WHAT COUN
	Re	tired Na	val officer	"			India	na	USA	1
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
			L. Giltner			Sarah Luiz	za Mount			
	15. (Yes.	WAS DECEASED E	VER IN U.S. ARMED FORG (If yes give war or dates of se	CES?   16. 500	CIAL SECURITY NO. 17.					ation St
						rs.Virginia B	.Giltner	Wa		on, D.C
			DEATH [Enter only one TH WAS CAUSED BY:	cause per line f	or (e), (b), end (c).]					ERVAL BETWEEN
		PARI I. DEA	IMMEDIATE CAUSE (e)	U	reme	a			5	, day.
		47	DUE TO						14	
		Conditions, if en	101							
		marin stee to force								
		gave rise to immed (e), stating the	DITE TO							
1		(e), stating the cause last.	underlying DUE TO							
		(e), stating the cause last.	er Significant Condit	1	1	NOT RELATED TO THE TERMI	NAL DISEASE CO	1. 1.		PERFORME
2		(e), stating the cause last.  PART II. OTHI  Ortline	underlying DUE TO (c)_ ER SIGNIFICANT CONDIT  OSCHOTICS	Deart	disease on	ed genera	leged	arterio	0	9. WAS AUTO PERFORMED YES NO
	RTIFICATION	(e), stating the cause last.  PART II. OTHI  OTHER  20a. ACCIDENT V  OR CONTRIBUTING	underlying DUE TO (c)_ ER SIGNIFICANT CONDIT  COLUMN STATE  UNDERLYING  G CAUSE OF DEATH	Deart	disease on	0	leged	arterio		PERFORME
- 1	CERTIFICATION	PART II. OTHI  COLUMN  20a. ACCIDENT V  OR CONTRIBUTING  (IF EITHER, NOTIF	underlying DUE TO  (c)_ ER SIGNIFICANT CONDIT  OS CLOTICS  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	Weard 20b. DESCRIB	disease on E HOW INJURY OCCUR	ED. (Enter Sature of injury in	Pen I Pen II of	artens	sclera	PERFORMED YES X NO
	CERTIFICATION	(e), stating the cause last.  PART II. OTHI  OTHER  20a. ACCIDENT V  OR CONTRIBUTING	underlying DUE TO  (c)_ ER SIGNIFICANT CONDIT  OSCUPTICS  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	CISEASE OU E HOW INJURY OCCUR IRY OCCURRED 200. P	ed genera	Pert I of Pert II of	artens		PERFORMET YES NO
- 1	MEDICAL CERTIFICATION	PART II. OTHI COULDED  TO CONTRIBUTING  THE EITHER, NOTH  Hour e.m. P.m.	underlying DUE TO (c)_ ER SIGNIFICANT CONDIT  COLOTIC  VAS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Yea	20b. DESCRIB  17   20d. INJU While at work	CISEASE OU E HOW INJURY OCCUR IRY OCCURRED 20e. P Not While for the work [1]	ED. (Enter Nature of injury in LACE OF INJURY (Home, fari actory, street, office bldg., etc	Pert I Pert II of	Certerite item 18.)	(County)	PERFORMED NO (State
- 1	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLUMN  20a. ACCIDENT V  OR CONTRIBUTING  I[F EITHER, NOTIF  20c. TIME OF INJ  Hour e.m.  p.m.  21. I certify	UNCE TO (c) DUE TO (c) ER SIGNIFICANT CONDIT OF CONDITION OF CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Yea  19  19	20b. DESCRIB  20d. INJU While at work  al) attended	CUSEASE OUE HOW INJURY OCCURRED 200. P	ED. (Enter Nature of injury in LACE OF INJURY (Home, farinctory, street, office bldg., etc.	Peri II of	Carters item 18.) r town) Jan. 16	(County)	PERFORMEI YES X NO (Stell
- 1	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLLING  20a. ACCIDENT V  OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF IN) Hour e.m. p.m.  21. I certify saw the decea	URY Month, Day, Yeared alive on	20b. DESCRIB  20d. INJU While at work  al) attended	CUSEASE OUE HOW INJURY OCCURRED 200. P	ED. (Enter Nature of injury in LACE OF INJURY (Home, fari actory, street, office bldg., etc	Peri II of	Carters item 18.) r town) Jan. 16	(County)	PERFORMEI YES X NO  (State  hat (X) (we) ate stated ab
- 1	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLUMN  20a. ACCIDENT V  OR CONTRIBUTING  I[F EITHER, NOTIF  20c. TIME OF INJ  Hour e.m.  p.m.  21. I certify	URY Month, Day, Yeared alive on	20b. DESCRIB  20d. INJU While at work  al) attended	E HOW INJURY OCCUR  RY OCCURRED   200. P  Not While   fi et work   the deceased from   1962, and th	ED. (Enter Nature of injury in  LACE OF INJURY (Home, faring to the colory, street, office bldg., etc.)  Jan., 2  Attending	Peri II Peri II of  m, 20f. (City o  19.62 to  20PMom 1	item 18.)  Town)  Jan. 16  the causes and	(County) ., 1962, t	PERFORME YES X NO  (Stete hat (X) (we) ate stated ab  22b. DA
- 1	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTION (IIF EITHER, NOTIF 20c. TIME OF INJ) Hour e.m. p.m. 21. 1 certify saw the decea	UNITED TO (C)	20b. DESCRIB  20d. INJU While at work  al) attended	E HOW INJURY OCCUR  RY OCCURRED   200. P  Not While   fi et work   the deceased from   1962, and th	D. (Enter Nature of injury in LACE OF INJURY (Home, far inclory, street, office bldg., etc.)  Jan. 2	Peri II of	item 18.)  Town)  Jan. 16  the causes and	(County)	PERFORMEI YES X NO  (Stete hat (X) (we) ate stated ab  22b. DA
- 1	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLLING  20a. ACCIDENT V  OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF IN) Hour e.m. p.m.  21. I certify saw the decea	UND TO (c)_ ER SIGNIFICANT CONDIT  OF CLUDE CONDITION  WAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]  URY Month, Day, Yea  19  that (IX (this hospital assed alive on	20b. DESCRIB  20d. INJU While at work  al) attended  1. 16	RY OCCURRED 200. P Not While of work  the deceased from 1962, and the	D. (Enter Nature of injury in LACE OF INJURY (Home, far inclory, street, office bldg., etc.)  at death occured at 2  M.D. ATTENDING PHYS.  22d. ADDRESS	Peri I Peri II of  m, 20f. (City o  19.62 to 20PMom to  MED. DIRECTOR	Tan. 16	(County) ., 1962, to on the day	PERFORMEI YES X NO (Stete hat (X) (we) ate stated ab 22b. DA SIG
/	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLOR CONTRIBUTING (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the decea 22c. SIGNATURE NAME (Typ)	UND TO (c)	20b. DESCRIB  20d. INJU While al work  al) attended  n. 16	The deceased from 1962, and the CDR MC USN	LACE OF INJURY (Home, farmactory, street, office bldg., etc.  Jan. 2  ATTENDING PHYS.  22d. ADDRESS  U.S. Nava	Peri II of	Iden 18.)  Jan. 16 he causes and  STAFF PHYS. XX  al, Beth	(County), 1962, to on the day Januar; esda, 1	PERFORMEI YES X NO  (State hat (X) (we) ate stated ab 22b. DA SIC Y 17, 19
/	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  COLONIA  20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ. Hour e.m. 21. I certify saw the decea 22c. SIGNATURE.  NAME (Typ)  BURIAL CREMA'	UND THE TO STATE THER	20b. DESCRIB  20d. INJU While at work  al) attended  1. 16  HINES,  EOF 23	CDR MC USN	LACE OF INJURY (Home, far actory, street, office bldg., etc.)  at death occured at 2  ATTENDING PHYS.  22d. ADDRESS  U.S. Nava	Peri II Peri II of  19.02 to	Jan. 16. he causes and STAFF PHYS. XX cal, Beth	(County)  ., 1962, to on the day  January  esda, 1  county)	PERFORMED NO (State)  (State)
/	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  (COUNTY)  20a. ACCIDENT V  OR CONTRIBUTING  (IF EITHER, NOTIF  20c. TIME OF INJ  Hour e.m.  p.m.  21. I certify  saw the decea  22c. SIGNATURE  22c. SIGNATURE  22c. PHYSICIAN'S  NAME (Typ)  BURIAL, CREMA'  EMOVAL CREMA'  BURIAL, CREMA'  BURIAL CREMA'  BURIAL CREMA'  BURIAL	UNAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)  That (1x (this hospital assed alive onJa)  LARRY J. 1  19  100, 23b. DATE THER  110-62	20b. DESCRIB  20d. INJU While at work  al) attended  1. 16  HINES,  EOF 23	CDR MC USN  C. NAME OF CEMETER  Arlington	LACE OF INJURY (Home, farmatory, street, office bldg., etc.  Jan. 2  at death occured at 2  ATTENDING PHYS.  22d. ADDRESS  U.S. Nava  Y OR CREMATORY	Peri I Peri II of  19.02 to  20.02 to	Jan. 16. he causes and STAFF PHYS. XX cal, Bethe ON (City, town or Arlington	(County)  ., 1962, to on the day  January  esda, locounty)  Virgi	PERFORMED  YES X NO  (State  hat (X) (we)  ate stated ab  22b. DA  SIC  Y 17, 10  Md.  (Stata)
	MEDICAL CERTIFICATION	(e), stating the cause last.  PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTH  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the decea 22c. SIGNATURE 22c. PHYSICIAN': NAME (Type  BURIAL, CREMA LEMOVAL (Specify BUTIAL)  FUNERAS DIRECTO	UND THE TO STATE THER	20b. DESCRIB  T 20d. INJU While at work  al) attended  n. 16  HINES, (23)	CDR MC USN c. NAME OF CEMETER ATLINGTON	D. (Enter Nature of injury in  LACE OF INJURY (Home, farinterory, street, office bldg., etc.  Jan. 2  Attending PHYS.  22d. Address  U.S. Nava  Y OR CREMATORY  1 National	Peri I Peri II of  19.02 to  20.02 to	Jan. 16. he causes and STAFF PHYS. XX  al, Beth ON (City, town or Arlington RR 25b. REGISTE	(County)  ., 1962, to on the day  January  esda, locounty)  Virgi	PERFORMEI YES X NO  (Stete hat (X) (we) ate stated ab 22b. DA 22b. DA (Stata)

U.S. HEVAL HOSTONI, BETHERDA, MR. 18915 Lemnion Chi, M.W.

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LARY J. HIRLS, OHR MC USE U.S.R. val Porpiosi, Burness. MU.

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TO DEPUT. EDICA KAMINER: This certificate should be executed within 24 hours after death. If any delay is necessarily be executed within 24 hours after death. If any delay is necessarily be executed to be a second to	P. A.	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	1
Da	PH	des	
DE	sho	S	
0 0	40	0	0
TO DEPUT	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.		3

5M 7/59

A 1

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

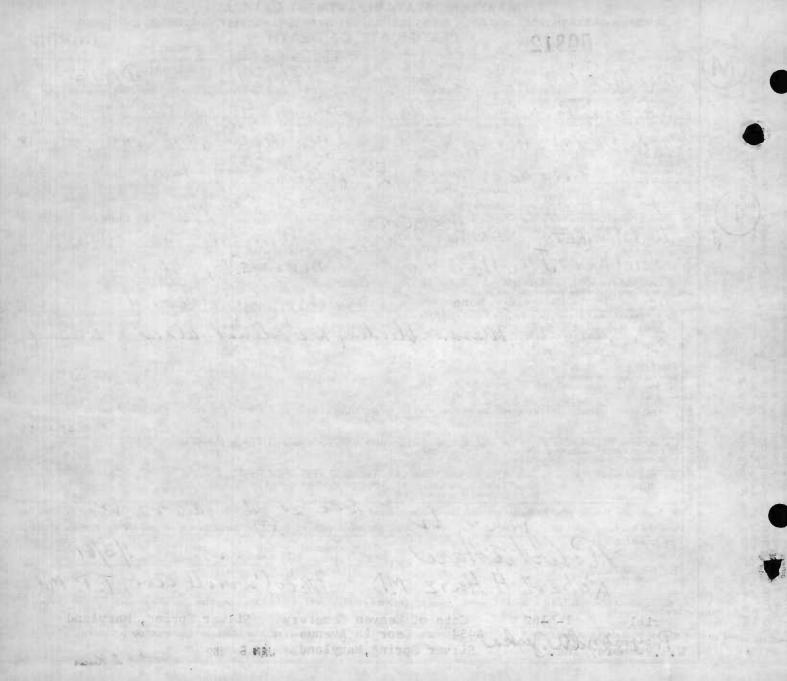
r			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If i	nstitution: Residence before edmission)
	e. COUNTY T	e. STATE b. COUN	TY ha.
	MARYLAND MARYLAND	Mid	Money
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write BUTAL and give herest town)	c. CITY OR TOWN (If outside corporete limits, write	RURAL end give ne rest town)
	7K2 R.40e 182	X Betherde	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
V		1554 D D' DY	ON A FARM?
1	C 40 Cenal	3311 Barking C	YES NO
	3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
-	(Type or print)	OF DEATH	13 196.2
T	5. SEX   16. COOR OR RACE   7 MADDIED   18	DATE OF BIRTH 9. AGE in years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
L	8. COOK OR RACE 7. MARRIED NEVER MARRIED   8.	lest blandey)	Months Deys Hours Min.
	Male White WIDOWED DIVORCED	4-14-1906 55 yrs.	Months Coys   Hours   Mills
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Slete or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Man Jamaan	TTC A
	General Agent Live Insurance		USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Godine	Belle Prime	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I		
	(Yes, no, or unkown) (Ifyesgive weror detes of service)	T	
		Lucille Godine-Wife-sa	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Dec	Lusins	Aud den
	410		- Continues
	DUE TO POPULA OF	thile ice skating	
		me ace many	<u> </u>
	gave rise to immediate cause (e), stating the underlying DUE TO		
	couse lest.		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1/a) 10 WAS AUTORSY
)	TAKE III. OTHER SIGNATURE CONTINUES CONTINUES TO SEATH OF THE	TREETIES TO THE TERMINAL DISEASE CONSTITUTE OF STATE	PERFORMED?
	8		YES NO
		inter neture of injury In Pert I or Pert II of item 18.)	
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town)	16
		ory, street, office bldg., etc.)	(County) (Stete)
	p.m. 19 et work et work		
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection Inquiry	and in my opinion
			1331
	death resulted from: Natural causes . Accident ., Suici	de, Homicide, Undetermined ma	anner L
	0 0	CHIEF MEDICAL EXAMINER	
	SIGNATURE Trank of Broschart	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
7	SIGNATURE	DEPUTY MEDICAL EXAMINER	1-13-62
X	EXAMINER'S ELAUK T RAGIOLOGICA		-13-62
	NAME (Type) Frank J. 13705 Chakt	Address (Street, city, town, or county)	
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town,	or country) (Stete)
	Cremation 1/15/62 Cedar Hill	Cramatory Suitland A	Marvil and
5	23. FUNERAL DIRECTOR ADDRESS	Crematory Suitland, A	STRAR'S SIGNATURE
1			
y	Robert A. Pumphrey, Bethesda, M	lary Latter San 1 0 02   Co	Chur S. Firana

FOR 3541-41-4 General Ment Live Insurance New Jersey William Goline Belle Frime Statute of the state of the sta Contained while an about There I have been a HELL TO LINE SHOW Sasivus Limetiles wrotered litterance Upartil actions Mobern A. Pupplish, Bet sender Maryland Back School

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00812 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY monia MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown in by write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO I 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours event, WIDOWED I DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) MPT. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyes give wer or detes of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? 3 Q NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) CERTIF 20e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work | et work | p.m. 21. I certify that (I) (this hospital) attended the deceased from. ....., 196 ..., that (I) (we) last 1967 and that death occured at 6.7.M, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1-5-62 Gate of Heaven Cemetery Silver Spring, Maryland OH Burial 8434 ADDRESS Georgia Avenues. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Silver Spring, Maryland JAN 5 15M 9/60 - Sun & Kines

death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAN	D STATE DEPARTM	ENT OF HEALTH—B	ALTIMORE, 18	
00013	CERTIFICA	ATE OF DEATH	Reg.	Dist. No. 111817
1. PLACE OF DEATH o. COUNTY MONTED MAY	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	eased lived. If institution, Residual b. COUNTY	lence before admission)
b. CITY OR TOWN (If outside corporate lights, wri RURAL and give nearest town)	e c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside of	orporate limits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	ntree Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle happy files	Greenteld 4. DA	ATH Januar	Doy Yeor 1962
	ARRIED NEVER MARRIED DIVORCED DIVORCED	Aug / 3 1893		ER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	gn country) 12. (	CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	, = 1	14. MOTHER'S MAIDEN NAME	colon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 17. 1	Sidver H Gr	eenfeld 5	92.6 501
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).]	my throw	beris	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which (b)		0		
gove rise to immediate cause (a), stoting the <u>under-lying cause last.</u> C)				
PART II. OTHER SIGNIFICANT CONDITION  (1) William (2) 7	scontributing to DEATH BUT	not related to the Jerminal dis	Lare CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	STARIBE HOW INJURY OCCURRED	D. (Enter nothing of injury) in Port 1 as	Port II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, form, 20f. tary, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that 1 attended the dece		accurred at 7:50 ft M,	/	I last saw the decease
ACTUAL SIGNATURE CATALOGIC	1.		(Street, city or town, state)	1/29/6 Z
PHYSICIAN'S PRATICE C	ameson	Selver Syn	ung tend	
220 PURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) /-3/-62	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LO	DCATION (City, town, or county	Wide (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE DE 2	100 Butan	PLAS DATE AND OF		SIGNATURE

DATE AN 3 1

VS A15 (4) 15M 9/55

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	Fried Br	
Lety Milesell		
and the second		MANUAL TOWNS
		CARL STREET, APP.
Carlo Select		
	( 3.0.30)	

4		DIVISION OF STATISTICAL RESEARCH AND RECO	RDS, 301 W. PRESTON STREET, BALTIMORE  ATE OF DEATH	1, MARYLAND
-	(0)	00017	AIL OF PLAIN	111808
11	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Instituti	ion: Residenca before admission
1		Montgomery Marylani	a. STATE Virginia b. COUNTY	
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURA	L end give nearest town)
		Bethesda (Rural) 63 days	Alexandria	83 x · 3
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
		U. S. Naval Hospital	2402 Menokin Drive, Apt	
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
	1	(Types as a sint)	reiner DEATH January	18, 1962
	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UN	DER 1 YEAR   IF UNDER 24 HRS.
		Female Caurasian WIDOWED DIVORCED	April 28, 1904 57 yrs. Month	hs Deys Hours Min.
H	104			. CITIZEN OF WHAT COUNTRY
1	00	Housewife	Minn.	USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Joseph B. Moore	Hetty P. Kelly	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	7. INFORMANT Address	
	(Ye	NO (If yes give wer or detes of service)	TUSBAND: James L. Greiner, Same	as #2
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
		PART L DEATH WAS CAUSED BY:	in-	ONSET AND DEATH
		DUE TO	1 1-+	
		La maria de la constante de la	y metaslases	5 mas
8		gave rise to immediate cause	1	
1		(a), stating the underlying cause last.	a of Clived	20 mas
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	
2	CERTIFICATION			YES X NO
	FIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	JRED. (Enter neture of injury in Pert I or Part II of item 18.)	720 2
9	ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	SE		PLACE OF INJURY (Home, ferm, † 20f. (City or town)	(County) (State)
	MEDIC	Hour a.m. While Not While	factory, street, office bldg., etc.)	
	X	p.m. 19 et work et work	Nov. 16 63 Ton 18	40 60
		21. I certify that () (this hospital) attended the deceased from	2.53AM	, 19.05 that ( (we) la
			that death occured a :53AM rom the causes and	on the date stated abov
		220. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS. A JE	anuary 18, 1962
		22c. PHYSICIAN'S QUIS	M.D. PHYS. DIRECTOR PHYS. A JE	20, 20,
		NAME (Type) LOUIS E. POTVIN, ICDRMC US		nesda, Md.
	23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or c	county) (Stete)
		REMOVAL (Specify) Cremation 1-18-62 Lee Cremat	cory Washington, D. C	3.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	WDC 250. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	L	ee's Funeral Home, 4th & Massachusetts	Ave. NE DATE JAN 2 2 '62 Out	Elun S. Krane
	7	VIEW HOUTE		

11700 Lugardself Laval .3 .U TO NOTE AS LAND OF THE PARTY OF Femile Courseston WALLEY I. Walley Justin B. Moure - - August: Juman L. Greiner, Jum an 2 Jun. 18 Lond School Street Lond Control of C MULE N. SON M. MORER VIEW T. S. Reykl Bosplant, Debugde, Mr. Secretary Land 18-62 De Cruspolity (Unbluctus, D. C. C. The street of th

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 00815 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) a. COUNTY b. COUNTY 1 Pe MARYLAND b. CITY OR TOWN (if outside corporete limits, TOWN (If o tside corporete limits, write RURAL and give learest town and c. LENGTH OF STAY IN 16 ò write RURAL end give nearest town) 2 OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDI completely executed NAME OF Middle Month DECEASED OF DEATH and constant (Type or print) 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE! 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED I DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) ing most of working life, even if retired) FATHER'S NAME MOTHER'S MAID please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO terioselerosis Conditions, if eny, which (b) gave risa to immadiete ceuse DUE TO (e), stating the underlying cause lest. ficate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CATION S 0 neumon, 20e. ACCIDENT WAS UNDERLYING 20b. DISCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City ordown) factory, street, office bldg., etc.) Aff While Not While Hour a.m. at work OR. / el work p.m. 21. I certify that (I) (this hospital) attended the deceased from. and that death occured at. an 4 196 saw the deceased alive on...... from The causes and on the date stated above. DIRE 22e. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. eath. Pag. page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) red Norton, M.D. Highland Ave. Bethesda 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRESTATORY 23d. LOCATION (City, town or county) PEMOVAL OH 256. REDISTRAR'S SIGNATURE 25a. REC'D BY 24 FUNERAL DIRECTOR'S VR A15 (4) DATE JAN Circhar S. Thomas 15M 9/60

DEPARTMENT OF HEALTH

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Days

(County)

. IS RESIDENCE ON A FARM? YES NO

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IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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(Stata)

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1 10	2	MARYLAND STATE DEPARTMENT OF HEALTH			
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ely vers.	+	3.	NAME OF STITES Middle Last 4. DATE Month	Pay Year / 2	
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hat the the att			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
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r us		CERTIFICATION	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH		
PH this this d fo			(IF EITHER, NOTIFY MEDICAL EXAMINER)		
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OR A	MI		saw the deceased alive on	22b. DATE	
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TO HOSPITE  death. Per  TO FUNERA.  director, page  be filed with			· NAME (TYPO) PATRICK C. JAMESON 12020 beorgen Schoer John	eng, lud	
FUT HE			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City Jown or county)	(Stete)	
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111 1110 111 18	N	24	FUNERAL DIRECTOR'S SIGNATURE Q. 256 ADDRESS QUEIZ Specing 250. REC'D 84 REGISTRAR'S SIGNATURE		
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Montgomery Maryland Musty many Bethesda 102 days Silver Spring Sund maken W 8021 Interest warded wie Berenly WAITE HARdy JAN. 7 Female White Sept 30 1916 45 TYPIST U.S.GOVT Meining U.S.R. Raymord Waite Ament war william Handy ( hundred ) some walnes liver have a few in PATRICK C. JAMESON PERFORMENCE LETTER All and State Stat

21	Division of STATISTICAL RESEARCH AND	TATE DEPARTMENT OF HEALT! RECORDS, 301 W. PRESTON STREET, E	· ·
FOR STATE		INER'S CERTIFICATE OF DI	
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dece	ased lived, If institution, Residence before admission)
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our file	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		te limits, writa RURAL and give nearest town)
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the function of the function of State death.	The Clinical Center, Bethesda 14,	die Lasi 4. DATE	Month Dey Yaar
h. If an to the se retain the S ter de ter de	DECEASED (Type or print) Rose Elizal	oeth Hargrove DEATH	January 20 19 62
a in a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED   8. DATE OF BIRTH   9. A	GE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
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2000	Wesley Gilbert	Bertha Fennell	
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>- CE	No Unascertains	able The Clinical Center, B	ethesda ll, Maryland
in la	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
0 5 0 7 0	IMMEDIATE CAUSE (a) SUDACUTE DO	acterial endocarditis - m	itral valve
should b ng" in pe r's Office a burial, removal,		chordae tendinea, mitral	valva
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ficate, To the TOR: Prior	21. I certify that I took charge of the remains describe	d above, held an Autopsy 🛖. Inspection 🗌	, Inquiry , and in my opinion
BECT BECT BECT BECT	death resulted from: Natural causes , Accident		ermined manner X
ME > Co	ACTUAL Frank J. Brosch	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED
executification of the second	1	DEPUTY MEDICAL EXAMINER	
been should be for its designate	EXAMINER'S Frank J. Broschart, 1	Address (Street, city, town, or cour	1/20/62
DEPU should FUN	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR CREMATORY 22d. LOCATION	(City, town, or country) (State)
0 4 6 g	Burial 1/25/62 Arli:	ngton National Cem Arling	ton, Virginia 1 246. REGISTRAN'S SIGNATURE
VS. A15ME SM 9/60		JAN 26 '62	Children S. Thank
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00818 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bethesda Bethesda a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? YES NO 5300 Westbard Avenue Westbard Avenue NAME OF Middle DECEASED OF (Type or print) DEATH 19 Harris George 9. AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months ! Days Hours WIDOWED DIVORCED Jan. 14. 56 4 1906 0 Male 10a. USUAL OCCUPATION (Give kind of work PIOPERIND OF BARINESS OF INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Assist. V. Pres. Washington D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Taylor Beorge W. Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Hyesgive wer or dates of service) 578-05-2132 Beulah Harris-Wife-same 2d INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), end (c). 25 yrs. PART I, DEATH WAS CAUSED BY: Bronchogenic Carcinoma IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED I Month, Dey, Yeer factory, street, office bldg., etc.) While Not While at work et work Jan. 18 21. I certify that (I) (this hospital) attended the deceased from .... saw the deceased alive on... 22a. SIGNATURE SIGNED ATTENDING STAFF X DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. William S. Detwiler - 1025 Conn. Ave. NW Washington, DC 23d. LOCATION (City, town or county) (State) 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Arlington, Virginia Arlington Cemetery Burial 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland

RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR A NOING PATSICIAN: The law requires that the death certificate be executed within 24 after death. Pag. may b. lined by the hospital or attending physician and physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The land 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaff.	=
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Montgomery  Montgomery  Montgomery  S. S. K. Mary land  C. CHORTHOW (If dusines corporers limits, write RURAL and give newest force)  S. 11 vor Spring  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give streed eddress)  300 Normandy Drive  300 Normandy Drive  S. SIX FOR A FARMON PRECASED  (Type or print)  Hester  Bruce  Harris  S. SIX Female  Lan  10 DATE  Month  DOY  Very  BREAFED  (Type or print)  Montgomery  d. STREET ADDRESS  300 Normandy Drive  S. SIX FOR A FARMON PRECASED  (Type or print)  Hester  Bruce  Harris  DATA	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
b. CITY OR TOWN If outside corpores limits, with RURAL and give nessest town)  Salver Spring  A NAME OF MOSTRIA OR INSTITUTION (if and in hospite), give street eddress)  300 Normandy Drive  Silver Spring  6. STEET ADDESS:  300 Normandy Drive  Silver Spring  8. DATE OF REAL BROWN DRIVE DR	Mana h	
Silver Spring  d. NAME OF MOSPITAL OR INSTITUTION (if not in baspite), give street address)  300 Normandy Drive  300 Normandy	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	
d. NAME OF HOSPITAL OR POSTITUTION (if not in hospite), give streat eddress)  300 Normandy Drive  300 Normandy  300 Norm	Silver Spring	Silver Spring 122
NAME OF DECRASED (1/50 or print)    NAME OF DECRASED (1/50 or print)   Hester   Bruce   Harris   1. DATE   Month   Dey   Veer		d. STREET ADDRESS
S. MANE OF DECEASED   Hester   Bruce   Harris   April   Death   January   23   19 62	300 Normandy Drive	300 Normandy Drive
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NOUSEWITE   Virginia   U.S. A.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
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20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.    Post   Physician's Name (Type)   Physician (Sherify)   Physician		
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.    Post   Physician's Name (Type)   Physician (Sherify)   Physician	& Signator.	
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.    Post   Physician's Name (Type)   Physician (Sherify)   Physician	200. ACCIDENT WAS UNDERLYING   201. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)
21. I certify that (I) (this hospital) attended the deceased from		CE OF BUILDY (I)
21. I certify that (I) (this hospital) attended the deceased from	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	
saw the deceased alive on 1962, and that death occured at 1000, from the causes and on the date stated above.  ATTENDING MED. STAFF PHYS.   1-23-62 SIGNED PHYS.   1-23-62 SIGNED PHYS.   1-23-62 SIGNED PHYS.   22d. ADDRESS   23d. LOCATION (City, town or county)   (Stete)   23d. LOCATION (City, town or county)   23d. L	p.m. 19 et work at work	72 / 12 / 8
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NAME (Type) OHN AND HEWS GEDICOLESVIDERD SILVERS PRING TO STORE AND	Water M. Chidapine	ATTENDING MED. STAFF - 1-73-15 SIGNED
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  1/26/62  Arlington Natl. Cem. Arlington Vincinia  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  256. REGISTRAR SIGNATURE  256. REGISTRAR SIGNATURE  270. PATE  270. NAME OF CEMETERY OR CREMATORY  Arlington Natl. Cem. Arlington Vincinia  256. REGISTRAR SIGNATURE		22d. ADDRESS
REMOVAL (Specify) Burial  1/26/62  Arlington Natl. Cem. Arlington Virginia  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  The S. H. Hines Co. 2901 14th St. N. W.	y John W. Harews	1960/Colesvillerd Dilverspring 1 d
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THOSE PRESENTS OF LINES OF THE PROPERTY OF THE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) a. COUNT b. COUNTY MARYLAND b. CITY OR TOWN of outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete timits, write RURAL end give negrest town) write RURAL end give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO.K.K 3. NAME OF Middle Last DATE 4. Month Dey Year DECEASED OF (Type or print) DEATH anuar 6. COLOR OF RACE 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | WUNDER I YEAR NEVER MARRIED IF UNDER 24 HRS. last birthday) Months Devs Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or 12. CITIZEN OF WHAT COUNTRY? foreign country) done during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOT THER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service None None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 21. I certify that (I) (this hospital) lattended the deceased from..... to saw the deceased alive on .... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City (Stete) REMOVAL (Specify) Suit Hill Crematory Cedar Cremation ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Thans Pumphrey. Bethesda, Maryland

RYLAND STATE DEPARTMENT OF HEALTH

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Robert A. Pumphrey, Lerocath, Maryland A. Jun 1 W.

YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY, b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL, end give geerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporete limits, write RURAL end give nearest town) director. d. NAME OF HOSPITAL R INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO fur tain NAME OF Middle Last 4. DATE Month Day leath. If an DECEASED OF (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 3 wif last Birthdey) Months Deys Hours WIDOWED DIVORCED 2 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3. Pag pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of service) with executed in liem 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN along QNISET AND DEATH PART I. DEATH WAS CAUSED BY: ing" in pencil i sr's Office alor is a burial-trans removal, and IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, white geve rise to immediate cause "pending DUE TO (e), steting the underlying Se cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. bur. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) icate, r. the C fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ( Inquiry A and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner forward L DIRE CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPU Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) Lincoln Park. Rockville, Md. o 940 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **ADDRESS** 23. FUNER DIRECTOR Rockville, Md. VS. A15ME Orthur S. Krays 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  Silver Spring  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  c. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS	gomery
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OR INSTITUTION	
	e. IS RESIDENCE ON A FARM?
12902 Holdridge Road 12902 Holdridge Road	YES NO 🔀
3. NAME OF DECEASED First Middle (England)st 4. DATE Month	Day Year
(Type or print) Jessie Josephine Henry DEATH January	22 1962
last birthday) Months D	YEAR IF UNDER 24 HRS.
Female   White   WIDOWED   Sept. 10, 1880 81 yrs. 4 1	-2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country)  11. BIRTHPLACE (Stote or fareign country)  12. CITIZE  OWN home  12. CITIZE  Tennessee	EN OF WHAT COUNTRY?
13. FATHER'S NAME	38°3
Payne England Mary Legg  IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17 INFORMANT Address	
Yes, no, or unknown)   If yes, give war or doles of service)	24
No None Mrs. Francis O'Connor-Daughte	er-same 2d
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	ONSET AND DEATH
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21. I certify that (I) (this haspital) attended the deceased fram	that (1) (we) last
saw the deceased alive an 20 1962, and that death accurred at 4M, from the causes and an the	
22a. SIGNATURE	22b.DATE
M.D. PHYS. MED. STAFF PHYS. 1/2	22/62 SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) RLAINE H. EIG. 8641 Colomburd Su	redough
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county)	(Stote)
REMOVAL (Specify)	
DIFFIEL 1//1/D/ PARVIOUS CAMATRIX Dealess 11a Massel	DILE
Burial 1/23/62 Parklawn Cemetery Rockville, Maryl 24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGN	NATURE

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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ONT GOMERY a. COUNTY b. COUNTY Suburban MARYLAND Washington D.6. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town write RURAL and give neerest town) Bethesda 15 houres certificate be executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOS 536 Madison Street, YES NO TO UDURDAL NAME OF e 4. DATE paper n 72 Year complet DECEASED OF (Type or print) DEATH 19 and comp carbon pa AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? please death aftending 16. SOCIAL (Yas, no, or unkown) | (Ifves give we ror detes of service) SON the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ۾ ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (e) burial-transit DUE TO aftending Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying the bur burial, has ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA certificate CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? as o NO YES CERTIFIC, 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer 2Df. (City or town) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. JUNE 199 saw the deceased alive on.... ATTENDING 22b. DATE 22e. SIGNATURE MED. SIGNED DIRECTOR page with t 22d. ADDRESS 22c. PHYSICIAN'S FUNERA filed \ 23d. LOCATION (City, town or county (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Purial \$ o = 2 1-31-62 Rock Creek Cemetery Washington. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 8434ADDRESeorgia Ave. VR A15 (4) M. Thur & Frances 15M 9/60 E. Pumphrey Silver Spring. Md. Inc.

distribution of the second distribution of the s 9 7 Bernard Committee Hill House Committee Committ CAS DECREE STORE STORE neint 1-31-02 which there are Comercial tracks to 1. 2. . ove a formation PEHEARTH Bis an impay and all the company of the company

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00825 OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Woodacres (Bethesda) Woodacres (Bethesda) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 590h Welborne Drive YES NO 3. NAME OF 4. DATE First Middle Month Day Year DECEASED Ernest Hof fman Lee (Typa or print) DEATH 62 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Bakerv Salesman Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary A. Hoffman William Hoffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Welborne Dr. (Yas, no, or unkown) | (If yes give war or dates of service) 8-09-102 John Lee Hoffman -Woodacres. Md. no 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V Ten poderotic 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) WEDIC While Not While Hour a.m. at work at work n.m. 21. I certify that (1) (this hospital) attended the deceased from. January, 1960, to January, 1960, that (1) (10) last Attim. 2 a.......19.6.2 and that death occured at 7.A.M., from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE STAFF ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clifton R. Gruver 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) National Mem. Park Falls Church, Virginia 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) S. H. Hines Co. - Washington, D. C. JAN 22 arthur & Keams 15M 9/60

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ARYLAND STATE DEPARTMENT OF HEALTH

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	5. M	sex ale	6. COLOR OR RACE	7. MARRIED ]		8. DATE OF BIRT		9. A	GE (In years st birthday)	IF UNDER 1	YEAR Days		R 24 HRS. Min.
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		22c. PHYSICIAN'S NAME (Type)	A.T. THORP	LT MC	USN	22d. ADD	. Naval					, Md	l
FH	23a	BURIAL, CREMAT	1-10-62		3c. NAME OF CEMETE	RY OR CREMATORY	23	d. LOCATIO	ON (City, to	wn or county	1)	(5	Stete)

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VR A1S (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH a. COUNTY MONTGOME			MARY	LAND	e. STA			deceased lived, H		sidence	before edmissig
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ZDc. TIME OF INJU Hour e.m. p.m.	RY Month, Day, Yes	or 2Dd, INJ While of work	Not While et work			RY (Home, fern ffice bldg., etc		ty or town)	(Count	у)	(Stete)
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22e. SIGNATURE	40 3	nach	1	M.D.	ATTEN PHYS.		MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNI
22c. PHYSICIAN'S NAME (Type)	A. D. Bo4	IFANT,	M.D.			SANDY S	PRING	, MARYLA	N D		
23a. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THE	EOF 2	3c. NAME OF CE	EMETERY OR	CREMAT	ORY	23d. LO	CATION (City, to	own or county)		(State)
Burial	1-19-62		Mt. Carm	el			S	unshine,	Md.		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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NG by ffer t chec Hea		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Count Hour, a.m., While Not While lectory, street, office bldg., etc.)	y) (Stata)
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TOR: J be d Dept.				that (I) (we) last
ECC ould			saw the deceased alive on	
OR may DIR sho			228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
1 4 1 9 H	1		22c, PHYSICIAN'S 22d. ADDRESS	
P. With			NAME (Type)	•
HOSPI ath. P. FUNE ector, p. filed w		23	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)	(Stata)
A FO BO			CREMATION 1-26-62 SUBURBAN HOSPITAL BETHESDA, M	ARYLAND
VR A15 (4)	0	24	FUNERAL DIRECTOR'S SIGNATURE  MEHACC. CARTER, ADMIN SUBURBAN HOSP.  JAN 3 0 162  Outland 8	. 1.0
15M 9/60	Col.	[	(per Fig) BETHESDA, MD. DATE JAN 30 02	. , , , , , , , , , , , , , , , , , , ,
	No.		207420115V	

malgord Hayboa J Brandensey 130100 Setterales # I WE XOC! WELL! George Hospital Gray God Mossins Francy 44 Former place - 4381 Kelminal 45 M CA+7 havely SAMES WORH HUBBARD MARY LOW BORKMAN FATTHERL The second second to the second secon and the second of the second o

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00830 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Georgia MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b writa RURAL end give naerest town) 98 days Sumerville, G Rethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. Route # YES NO X 4. DATE Month DECEASED (Type or print) DEATH 19 62 29 Emma. Hughes Marv January and con withi 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) WIDOWED [ Female White DIVORCED September 28,1902 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratirad U.S.A. Housewife None Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Bridges Leobelle Payton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records (Yas, no, or unkown) | (If yes give war or datas of sarvice) Unascertainable The Clinical Center, Bethesda 14, Maryland No 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) Hemopericardium hours DUE TO Mycosis Fungoides vears gava rise to immediate cause DUE TO (e), stating the undarlying Hydrothorax vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO F 2Da. ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yaar 2Dd. INJURY OCCURRED (County) (Stata) factory, straat, office bldg., atc.) Whila Not While Hour a.m. at work et work 21. I certify that (X (this hospital) attended the deceased from October 23 ..., 1961, to January 29, 19.62 that (X (we) last saw the deceased give on January 29 .... 19.62., and that death occurred 1:30 Months the causes and on the date stated above. 22b. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Paul P. Carbone, M.D. Institutes of Health, Bethesda 14, Md. 23a. BURLAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY OL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DAMAN 31 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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signos) pusto de gentralia.

Foul F. Carbone, T.D.

the Cilciast Sector, School III, ed. Locks I L

The Clinical Senter, Actions lb, sg. Locks # 4

Equaler ( ) Thise : 1 to the control of the section of 1,192 [59]

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# for your files. DEPT MEDICA KAMINER: This certificate should be executed within 24 hours after death. If any should be to the the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fushould be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retared. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Start is designated egent, prior to burial, cremation, or removal, and in any event within 72 hours effer death

please ex. 4 should TO FUNE TO DEP

VS. A15ME 5M 7/59

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 001825

	1. PLACE OF DEATH 2. COUNTY MONTGOMERY MARYLA	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. STATE Ohio
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  BETHESDA  c. LENGTH OF STAY I	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hanoverton 72 x -3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  U. S. NAVAL HOSPITAL	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?  P.O. BOX 93  YES X NO
	3. NAME OF First Middle DECEASED (Type or print) HAROLD W	HUK DATE Month Dey Year OF DEATH JANUARY 13 19 62
)	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Serviceman USN  13. FATHER'S NAME	
	ARTHUR Conrad HUK Sr.  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice)  200 34 6000	Sarah Emerick  17. INFORMANT  WIFE: Mildred F. Huk, Same as #2
	gave rise to immediate cause (a), stating the underlying  DUE TO	Ll Fracture  lural hematoma  ebral edema
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  208. EXTERNAL CAUSE WAS PRIMARY FOR OF CONTRIBUTING  CAUSE OF DEATH.  Driver of car. whi	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
	2,2,02	ch apparently missed curve and turned over.
8	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20 While Not While 3 et work 2	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Intersection of Rt.2 & 17 Spotsilvania Co., Va.
		e, held an Autopsy X, Inspection , Inquiry , and in my opinion  Suicide , Homicide , Undetermined manner   CHIEF MEDICAL EXAMINER
-	NAME (Type) FLANK J. Braschar	Address (Street, city, town, or county)
1	220. BURIAL, CREMATION, SHITPMENTREOF 22c. NAME OF CEMETE Burial 1-15-62 Hanoverto	n Cemetery   22d. LOCATION (City, town, or country) (State)  Hanoverton, Ohio
	23. FUNERAL DIRECTOR W. W. Chambers Funeral Home, 1400 Chapi	ngton, D.C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  n St. NW. DATE JAN 1 8 '62 Criting S. Trans

YES KADAMEL

P.C. Box 93 R

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	00832		CERT	IFICA	ATE OF DEATH	1		Reg. D	ist. No.	(11)	826
1. PLACE OF DEATH	ntgomery	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery									
b. CITY OR TOW RURAL and give Silver	N (If outside corporate lime e nearest town) Spring (Rura:	c. CITY OR TOWN (If o	-	(Rural)	URAL ond	give neo	rest town	n)			
A NAME OF HO	SPITAL (If not in hospital, gon Lywood Avenue	i	20 ye		d. STREET ADDRESS 607 Holly	wood I	Avenue				IDENCE FARM? NO DX
3. NAME OF DECEASED (Type or print)	HOWARD		FRANCIS		HUSTON	4. DATE OF DEATH	Mon January		th,	,	Yeor 19 62
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARR		B. DATE OF BIRTH  June 22nd, 18	95	9, AGE (In years last birthday) 66 yrs.	Months Months	R 1 YEAR Doys	IF UNDI Hours	R 24 HRS. Min.
10a. USUAL OCCUP during most of None	ATION (Give kind of work working life, even if retired	done 10b.	None	OR INDU	Washington	-		12. CI	USA	F WHAT	COUNTRY
13. FATHER'S NAME Robert	Huston				Mary Kea						
15. WAS DECEASED [Yes, no. or unknown) Yes	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		enche M. King	, 1902	Addi 214th S		E.Wa	sh.D	.C.
PART I.	immediate	Co	e for (a), (b), and (c)	à a	rteriosa ed arterio	lores	us.			ERVAL BE ET AND I MAN	
lying cause to	ost. (c	)									
PART II.  200. ACCIDENT OR CONTRIBUT (IF EITHER, NOI	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	NO []
	WAS UNDERLYING  ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature of injury in P	Part I or Par	t II of item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work					or town)		(County)		(State)		
21. 1 certify alive an_lessignature_	that I attended the an 14, Waller K. a	126 ngs	in and that		occurred at 21/5/	M, from	n the causes a treet, city or town,	nd an i	he da	te state	deceased above.
PHYSICIAN'S NAME (Type)		OF .	EVINE  22c. NAME OF CEM  Arlington			22d. LOCA	TION (City, town, of ington, V	r county)	N, (	(Stat	e)

24a. REC'D BY REGISTRAR

DATE JAN 1 9 '62

24b. REGISTRAR'S SIGNATURE

archun S. Know

23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers, Inc. Silver Spring, Md.

PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death burial-transit TO HOSPITAL may be rep TO FUNERAL VS A15 (4) 15M 9/55 M

the funeral director, should be filed with

the attending physician and campletely filled please remove carbon papers. within 72 haurs after death.

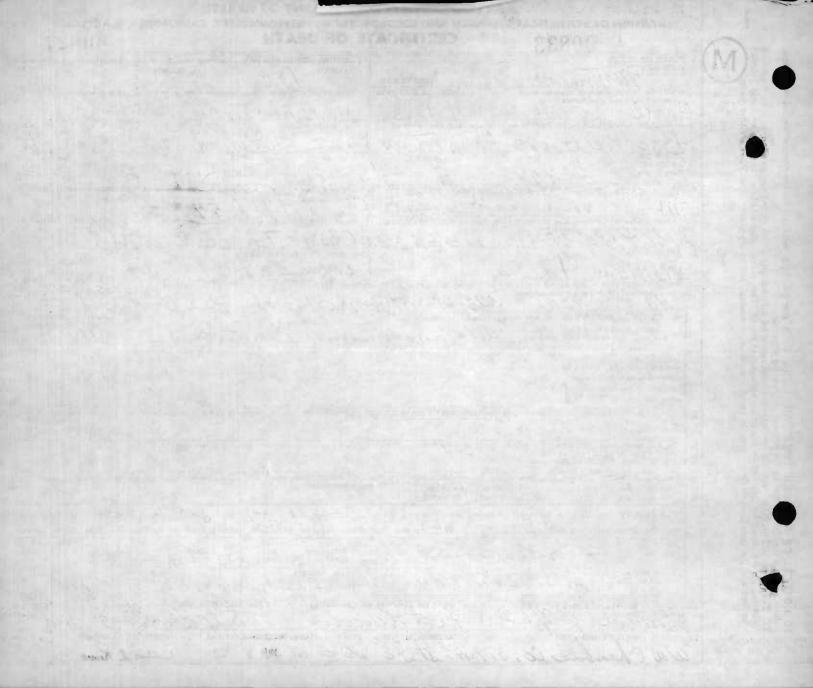
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	THE REAL PROPERTY.		1200
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	green of the district of the besides State to problem, state MA		
			· 日本学院 日本 大学等時
		Name of Street	And the second second

Approximate and a second

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00833 funeral 1. PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) tilled in by the frages 1 and 2 s hours after death. The law requires that the death certificate be executed within 24 been signed by the attending physician and complete carbon pape int, within 72 and in any event, Then please remove cremation, or removal certificate has been signed by .... PHYSICIAN: as to DIRECTOR: After this c 3 should be detached for DING ned by e State Dept. OR TO HOSPITA director, TO FUN VR A15 (4) 1SM 7/61 DATE SALE 9 02 Cirling I Traces hungus W, V//// MxC.

MARYLAND STATE DEPARTMENT OF HEALTH

	a. COUNTY	a, STATE / b, COUNTY	
	THONICOMPAN MARYLAND	1) (°	V
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
1	Raral Otres II days	Mashinaton 4	7x - 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	Brooke Grove foundation	1427 CANKUTORA ST 5	YES NO D
3.	NAME OF First Middle	Last   4. DATE Month	Dey Year
	(Type or print)	ocahi DEATH Van 6	1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	.,
	m W WIDOWED DIVORCED .	fact blight days	ys Hours Min.
104	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & Slete, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY
00	ine during most of working life, even if retired)	& Charlecton S. P. 91	10
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	)
	William Jacabi	ENKNOWN!	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	acl 30 3
{Ye	(If yes give war or detes of service)	scina Vincobi Haz Parking	ash
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	SIMA VACON 722 GANW	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	coma E usetos tosis	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	coma cujeros isis	111102,
	DUE TO		
	Conditions, if eny, which (b)		
	(e), steting the underlying DUE TO		
	couse lost. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
CATION			YES NO X
	200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Pert I or Pert II of item 1B.)	I II I NO MI
CERTIFI	OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		ACE OF INJURY (Home, ferm, 1 20f. (City or town) [Count	y) (Stete)
EDIC	Hour e.m. While Not While fac	tory, street, office bldg., etc.)	,, (6.0.0)
X	p.m. 19   at work   et work		_
	21. I certify that (I) (this hospital) attended the deceased from.		
	saw the deceased alive on	death occured av.1.30.M, from the causes and on the	e date stated above
	220. SIGNATURE As & Sammare	ATTENDING MED. STAFF	22b. DATE SIGNEI
		A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
	22c. PHYSICIAN'S NAME (Type) A, D, BONIFANT	4	111
		Sandy Spring	Mai
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY (23d. LOCATION (City, nown or county)	(Stete)
	Limes 1 162 For que	ucotin Bladewoles	y ma.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH bluods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside proporete limits, MARYHAND the d 2 MARYLAND YOUT GOMERU death by th c. CITY OR TOWN Quitside corporata limits, write RURAL and give hearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 5 days = = BETHESDA . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a trees) STREET ADDRESS ON A FARM? YES NO ROCKVILLE papers. n 72 hou completely 3. NAME OF Middle 4. DATE Year Month DECEASED OF (Type or print) DEATH 20 19 62 and con AS (In years | IF UNDER 1 YEAR 6. COLOR OR RACE MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH VER MARRIED Months Hours WIDOWED [ DIVORCED physician 10e. USUAL OCCUPATION (On kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or fore untry) UNEM PLOYED 13. FATHER'S NAME ding 5 ple aften Then WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (If yes give wer or detes of service) (Yes. no. or unkown) ian. permit. 18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c) þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed he burial-transit p DUE TO Conditions, if anyl which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 80 NO 20b. ESCRIBE HOW INJURY OCCURED. (Enter 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After After 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While Not While Hour e.m. et work at work 1962 to 1 - 20, 1962 that (1) (we) last ......19 and that death occured at saw the deceased alive on.... .M., from the causes and on the date stated above. DIRE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERA NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 234-LOCATION (City (State) REMOVAL (Specify) £ # HINCOL a 0 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) BATE MULAN, 25 Circhar S. Fleates 15M 9/60

DEPARTMENT OF HEALTH

Marymano Mo + 9: 1 - 7 Montgenery chop s BETHESON \* BOCKERLE ROCKPILLE PIKE Suburban Harpital JOHNSON, MARY 10/23/93 mg Frinance Negaco WHEM PLOY D 2 + 2 O ST N Would control Lucinda Adms Asbug teamson King determ un Douglas Avens

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funeral TO HOSPITAL OR AT VDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. 2-4 4 may be the hospital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# VR A1S (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1) 829

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before edmission)
Montgomery Maryland	a, STATE b. COUNTY	- /
b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
write RURAL and give nearest town) Silver Spring	Washing ton, D.C.	+7x · 2
4. HAME OF HOSPITAL OR INSTITUTION (if nex in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Seymour Nursing Home	1401 21st Street, N.W. (	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yaar
(Type or print) Mary E. Job	nnson Death January	12 19 62
/· ///	DATE OF BIRTH  9. AGE (In years   IF UNDER 1)  Anoths   D	YEAR IF UNDER 24 HRS.
Female White WIDOWED WARES	8/5/1867 94 yrs. Months	ays hours min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITI	EN OF WHAT COUNTRY?
Housewife	New York U.S	5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Vanderpoel	Unobtainable	
		Vest 45th St
(Yes, no, or unkown) (If yes give we ror detes of service) no Mi	ss Patricia M.Sinnott-New !	York. N.Y.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY, MANDIATE CAUSE (b) Chiteria & elere	tie heart disease	CLE CHOWEL
A DUE TO		
Comment of the standard	arterio relevotis	inknown
gava risa to immediate cause	act no record of	
(a), stating the underlying DUE TO		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) I 19. WAS AUTOPSY
O D D D D D D D D D D D D D D D D D D D		PERFORMED?
20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	). (Enter nature of injury in Pert I or Pert II of item 1B.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Letter receive of injerty in 1611 of 1611 it of incit it.	
	ACE OF INJURY (Home, farm, ' 20f. (City or town) (Counter, street, office bldg., etc.)	(Slete)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from.	jan 10, 1962, 10, on 12, 196	2, that (I) (we) last
saw the deceased alive on 100 1962, and that	death occured ata	ne date stated above,
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE
built hears	PHYS. DIRECTOR PHYS.	1-12-62
22c. PHYSICIAN'S NAME (Type) EINO MAGI	918 Hur. Blud. E, Silve	· Spring and.
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 7/15/1062 Am 1 togeton		
Burlal 1/15/1962 Arlington		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS N W	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
The S.H. Hines Co. 2901 14th St., N.W. Washington 9.D.C.	DATE JAN 1 5 162 Order I	. , , , , , , , , , , , , , , , , , , ,

Mrs. Mandale M. Stennet and

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13 14 18 3. 4 18 18 18

10 CH 2004 BIRGHO, M. . . (?)

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Brainer Townster Company Company Company Services

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ould be his certificate has been signed by the attending physician and campletely filled in by ano page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. the State Baard of Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after ar attending physician CTOR: After TO HOSPITAL OR ATTENDIN TO FUNERAL L VR A15 (4) 1SM 9/S9

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00000	CEKIIFICA	IE OF DEATH	र्ग स्थीट	4110011
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institu	tion: Residence before admission)
· COUNTY MONTgomery	MARYLAND	Nawy + rxing	city Hught Por	1 the 92 thing
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OF TOWN (IF ou	tside corporate limits, write	RURAL ond give negrest fown)
KensingTon	EN - EK-61	Wash	while tobe / the	VILL Springs, Md
d. NAME OF HOSPITAL (If not in hospitol, give street of NR INSTITUTION	oddress)	d. STREET ADDRESS	959 B/A/N	e. IS RESIDENCE ON A FARM?
Kensinglow GARDENS	UAIV.	130199114P11	N W 800 Ro	eder Rd YES NO
3. NAME OF First DECEASED	Middle	Last	OF	onth Day Year
(Type or print) EThe/	V.	JONES	DEATH /	15 1962
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Doys Hours Min.
F WIDOWE		11-29-1	9 82 yrs	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	20 VOC . A			12. CITIZEN OF WHAT COUNTRY?
Clerk	llway express	Virgini	a	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Charles L. Jon	105	SARAM	1. kd	WARd5
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT HUM	PHRIES Ad	Spring,
No NO I	None Mrs	s.Lillian Hump	bress 800 Roc	eder Rd. Silver
1B. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	tuportation a	bhoumor	ria and	3 necks
DUE TO				
Conditions, if ony, which ) (b)	/ axemia			
gove rise to immediate	. ,	,	. / 1 11	
	Ecup, our ule	cars and 1	ral not noton	- A months
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH ULL CONTRIBUTING CAUSE OF DEATH ULL CITY OF CONTRIBUTING CAUSE OF DEATH ULL CAUSE OF				YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN		ACE OF INJURY (Home, form,		(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 While of work	IAOL MULIG	ctory, street, office bldg., etc.)		
21. 1 certify that (I) (this hospital) ottend		Nov. 21 106	1. to Och 15	1962, that (I) (we) lost
5/30				
saw the deceased alive an Volan /	22 ing , and thor o	dearn occurred at 1. 13.	m, from the couses of	and on the date stated above.
Attito Hull-	A	M.D. ATTENDING ME	D. STAFF	SIGNED
22c. PHYSICIAN'S	2///	22d. ADDRESS	~ /) /	10000
NAME (Type) P, Toghon	Hu Bonth	2 3000	Dent P/1 11	m hash, 7, Die
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	, or county) (Stote)
Burial 1-18-62	Cedar Hill Ce		Prince Georg	
24. FUNERAL DIRECTOR'S SIGNATURE R.U. JUSK		rgia Ave 250. REC'D		GISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc.	Silver Spring	, Md. DATE JA	N 1 9 '62 C	Lathur & f
				- /break

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

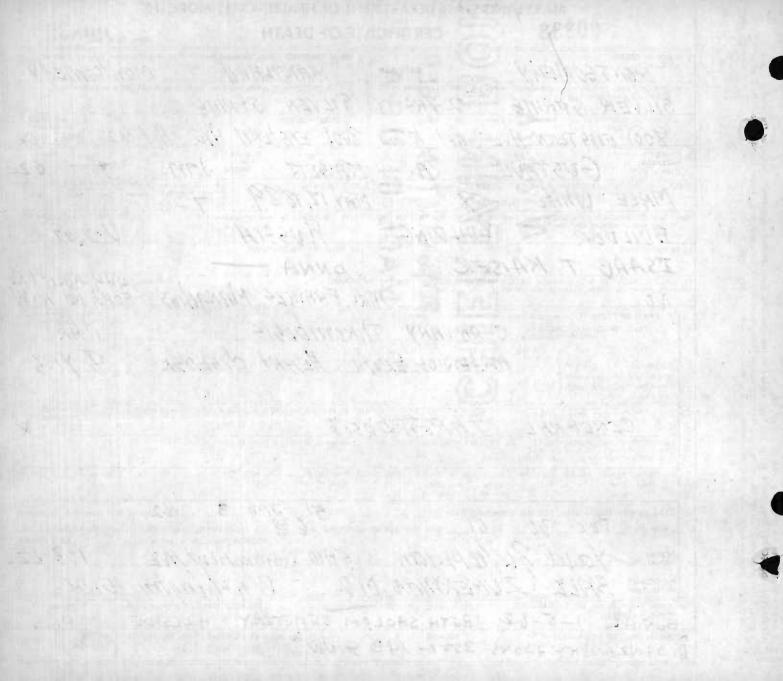
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY			
Montgomery MARYLAND	Maryland Montgomery			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown)  Rockville	c. CITY OR TOWN (If outside corporate limits, write RURAL end give			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS	e. IS RESIDENCE		
322 Broadwood Drive	322 Broadwood Drive	YES NO		
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey OF	Yeer		
(Type or print) RICHARD R.	JONES   DEATH Jan. 24,	19 62		
7. MUNICUED I THE TEN MUNICUED	Apr. 27. 1912  9. AGE (In years   FUNDER 1 YEAR	Hours Min.		
The street of th	149 71			
No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF WHAT COUNTRY?		
Art Direcor C A  13. FATHER'S NAME	Nebraska U.	S.		
Julius Jones =	Grace A. Thompson			
(Yes, no, or unkown) (Ifyesgive were reference)	INFORMANT Wife Address Same as I	tem #2.		
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).	I IN	TERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	the one boxis	SET AND DEATH		
Conditions, if eny, which (b) arteris leve	tic Real disease	? year		
gave rise to immediate cause (a), stating the underlying DUE TO cause lest.	to dehydra tim from vomite	24/2		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN	19. WAS AUTOPSY PERFORMED? YES NO		
200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   UIF EITHER, NOTIFY MEDICAL EXAMINER!	D. (Enter nature of injury in Pert I or Pert II of item 18.)	TIS   NO Z		
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)	(Stete)		
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	Marshedy, 195 to Jan. 24., 1962, death occured at 5. 5M, from the causes and on the d			
222 SIGNATURS  22c. PHYSICIAN'S NAME (Type)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	809 Viers Mill Rd. Rockvil or CREMATORY 23d. LOCATION (City, town or county) National Cem Arlington. Vir	(Stete)		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TORE		
Robert A. Pumphrey, Bethesda, Mary	yland DATE FEE 1'62 arthur S. A	Erner.		

s 1 and 2 s The law requires that the death certificate be executed within 24 hou may be read by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. he State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospital prior to burial, cremation, or removal, and in any event, within 72 hospital prior to burial, cremation, or removal, and in any event. PHYSICIAN: death. Page may be read by the TO FUNERA DIRECTOR: After this director, page 3 should be detached fo be filed with the State Dept. of Health VR A15 (4) 1SM 7/61

A A D Young HI date descent . A south CHINES EN SERVICE THE HOUSE CON MUNICIPAL TE . IN STATE AND THE SECOND FOR THE PARTY OF Bullette mos unifer med Lancisch normalist 150 Cal Labrica A Special A Street, Daniel of the Committee of the Commit

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0840 1. PLACE OF DEATH a. COUNTY the 12 Montgomery MARYLAND Marvland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 ል writa RURAL end give neerest town) 24 Bethesda Bethesda certificate be executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 7508 BenAvon Rd. Suburban Hospital completely 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH Charles Keating, Sr. and cor carbon of, within 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH last birthdey) Male WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Kansas A.I.D. Director 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death attending Then please Ellen Harrington James Keating 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address law requires that the (Yes, no, or unkown) | (If yes give wer or dates of service) None attending physician. as been signed by th 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) s DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate causa DUE TO (a), steting the underlying certificate had ruse as the terrior to buris PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dey, Yeer factory, street, office bldg., etc. MEDI White Not While Hour a.m. et work et work D.m. 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on ...! 22a. SURNATURE ATTENDING DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Michel M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P # 3 Gate of Heaven Burla 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) arthur & Kross Bethesda, Md. PUMPHREY A. DATE

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO X Day Yaar 1962 January 26. 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY U/S.A. wife-Jean M. Keating same as above INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO (County) (Stete) SIGNED Trent St., Chevy Chase, Md. 23d, LOCATION (City, town or county) Montgomery County, Md. 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

FOR THE CLUB SUPE institut, Tr. and the state of the same of t as some of the second . Drank J. . . Chevy Mann, and. 

## DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY Virginia Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Alexandria Bethesda 1 Day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 2 Namassin Road The Clinical Center. Bethesda lu. Md. 3. NAME OF 4. DATE Month DECEASED (Type or print) Abraham Kekst. 7.al man 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX B. DATE OF BIRTH lest birthdey) WIDOWED T DIVORCED July 27. event, Male White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Massachusettes Government Attornev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Lewensohn Jacob Kekst 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) ! (If yes give we rar detectors ervice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), H WAS CAUSED BY: Immediate cause (a) Hemorrhagic pericarditis with massive pericardial DUE TO (b) Gaucher's disease Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from January 3, 19.62 to January 3, 19.62 that (I) (we) last 22e. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b. CEMETERY REMOVAL (Specify) OFB 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

ARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) b. COUNTY Arlington c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) e. IS RESIDENCE ON A FARM? YES NO 62 DEATH January 3. 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? U.S.A. The Medical Records The Clinical Center, Bethesda ll, Maryland ONSET AND DEATH 30 years PERFORMED? NO (County) (Stete)

22b. DATE

1/4/62 SIGNED The Clinical Center, National

Institutes Of Health, Bethesda ll. Md. (Stete)

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Chilling S. Kraus

15M 9/60

not in Effet Transport acts the Olimical Conter, sechonom in Mi. CENTER MANUELLE CONTROL CONTRO mertings - mertal ALT 2 , ISIL 14.7.1 Section for the weare from The Medical Recepts col-30-306 the charged denotes, helically in the charge Henoria and nemicardista with manning of a frame! dancherte disease BORDER OF January 3, 62 January 3, 1 620001 SAL EXPENSE. 1//02 Made my friends - North Instituted of Borley, Betherfit 14, 12. .C. FARTON INC. THE DAVID CAN AREA CHURCH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 80843 MEDICAL EXAMINER'S FOR STATE WEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Sector. Page your files. b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO and 3 to the fune retaine 3. NAME OF Middla 4. DATE DECEASED OF (Type or print) DEATH 1962 with 6. COLOR OR BACE 7. MARRIED 7 NEVER MARRIED AGE In years | IF UNDER 1 YEAR | Months | Days IF UNDER 24 HRS may 2 wit as 1, 2, and 3 bage 5 may 1 and 2 wii Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours af in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) pages 1 MOTHER'S MAIDEN NAME File Office along with form burial-transit permit. File ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no brunkown) | (If yes give war or detas of service) 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause DUE TO Medical Examiner' 98 (a), steting the underlying ö cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? s the certificate, writing the word orwarded to the Chief Medical E. DIRECTOR: Page 3 should be NO K У20Ъ. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. icate, to the Cm. To Page 3 st. burie MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. please exectes the certificate, A should be forwarded to the D FUNERAL DIRECTOR: P. or its designated et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED NAME (Type) hoschart Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Q40 g 1-29-62 Burtonsville Union Cemetery Burial Burtonsville Maryland ADDRESSeorgia Avenue 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Cithun & Kraus Warner E. Pumpkrey, Inc. Silver Spring, Maryland DATE 5M 9/60

OR ATTENDING PHYSICIAN: The law requires that the death certificate by may be retained by the hospital or attending in DIRECTOR: After this certificate.

death. Pas.

TO FUNE.

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director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1111030 DROLL

	811044					111100			
1. PLACE OF DEA'	TH			CE (Where dacaasad livad,	If institution: Rasiden	ca befora admission)			
Montgomery MARYLAND			a. STATE Maryland b. COUNTY Montgomery						
b. CITY OR TOWN	(if outside corporeta limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Rockvill	end give nearest town)	19 Rockville							
d. NAME OF HOS	PITAL OR INSTITUTION (if not in hos	pital, give straet address)	d. STREET ADDRESS			e. IS RESIDENCE			
300 Balt	imore Road		300 Balt	imore Road		YES NO			
3. NAME OF	First	Middle	Lasf	4. DATE Mo	nth Day	Year			
(Type or print)	FOREST		KING	of DEATH Janua	ary 13,	ry 13, 19 62			
5. SEX	6. COLOR OR RACE 7. MARRIE	DE NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Male	White WIDOWE		Dec. 31,1893	last birthday	Months Days	Hours Min.			
10a. USUAL OCCUP	ATION (Giva kind of work   10b. K	IND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Coun	ty & Stata, or foraign country	y)   12. CITIZEN C	F WHAT COUNTRY?			
Retired F	working life, avan if retired)	cming	Maryland		USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
E. D. Ki	ng		Gertrude Law	rson					
	EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Addr	ess				
NO NO	(If yas giva war or datas of service)	None Pe	earl E. King-	Item # 2					
18. CAUSE OF	DEATH [Enter only one cause per l	ine for (a), (b), and (c).)				TERVAL BETWEEN			
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	morn dias	1 motor to	em'	Of	SET AND DEATH			
147)	1	for concern	infact						
	DUE TO		20			9 11			
Conditions, if a		ronary	Juomes	213	m				
	(a), stating the underlying DUE TO								
causa last.	cause last. (c) coronally certeriosclerosis Judif.								
PART II. OTH	HER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
PART II. OTH		Congust	in Heart	Failure		YES NO 7			
E 20a. ACCIDENT	IG CAUSE OF DEATH	CRIBE HOW INJUST OCCURED							
	FY MEDICAL EXAMINER)								
20c. TIME OF IN	. While	Not While fact	CE OF INJURY (Homa, farm lory, street, office bldg., etc.		(County)	(State)			
₹ p.m	. 19 at wor	k at work		1	-				
21. I certify	that (I) (this hospital) atten	ded the deceased from		195.2, to	1.3/, 1962	that (I) (we) last			
	ased alive on	14 19 6 2, and that	death occured a	MM, from the cause	s and on the d				
22a. SIGNATUR	Apply 2	2, 120		AED. STAFF		22b. DATE SIGNED			
22c. PHYSICIAN		1/13/6							
NAME (Typ		es	809 Viers	Mill Road, Ro	ockville,	4d.			
23a BURIAL, CREMA REMOVAL (Specif	ATION, 236, DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stata)			
Burial	15/62	Parklawn		Rockville,	Maryland				
24 FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 256.		TURE			
Tyson Whee	ler Funeral Home- Rockville, Maryla	1331 E. Montg.	Ave. DATE	JAN 1 5 '62	1. A. 11 8. 10	iard			

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W. M. CHUR JA JURETAS NECES L. CHURCHAS MOTOR TOTAL SOLETIME SING! The second of th MELEN C. KAUST WENGERS AND HOME NOW HOME NO. NICHOLD, JA. WASHINGTON, L.C. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THAT ROBBER DATE. SHOR DELENING SHE SHE OF THE STATE OF STATE OF THE RESERVE the little with the state of the care of the The property of the second sec

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH furreral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Marvland the d 2 Montgomery MARYLAND Montgomerv by th b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) deat c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban YES NO L 1233 Simmons Dr. papers. n 72 ho 3. NAME OF 4. DATE First Middle Month Day DECEASED OF (Typa or print) DEATH Lucille D. Koshnick 19 62 January within carbon 9. AGE (In years | IF UNDER I YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months Days Hours Min. WIDOWED [ DIVORCED Female 188 гетоуе 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, evan if ratirad) Retired Nurse Mich. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Marv Joseph Greens Koshnick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Rockville. Md. (Yes, no, or unkown) | (Ifyasgivawarordatesofsarvice) cousin, G.L. Healey- 13103 Arctic Ave. WW None yes 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: AMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiate cause DUE TO (a), stating the undarlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CATION Se o PERFORMED? use prior CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of ita 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Yaar CTOR: Afte factory, street, offica bldg., etc.; While Not While Hour a.m. at work at work 196.3 that (I) (we) last 19.5 and that death occurred at C. AM, from the causes and on the date stated above. saw the deceased alive on..... DIREC 3 shoul 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) G. Hall 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. REMQVAL (Spacify) Arlington Cemetery Arlington, Virginia OL Burial ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE JAN 9 arihung S. Thous 15M 9/60

executed within 24

death

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signed

certifical

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Robert A. Pumbbrey, Betnesda, Maryland and St.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY Montgomery # 7 P MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) executed within 24 Bethesda (rural) 127 days Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital, Bethesda, Md. 1205 Prospect Street YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) ALBERT WINSTON KRAFT DEATH 19 62 January 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 1909 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Malte Cauc 1 January WIDOWED DIVORCED The law requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Civil Service Plumber Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. ending physician. been signed by the attending and Philip H. Kraft Anna S. Cardozo ā Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) WW II & Korean Mrs. Lucille M. Kraft same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASTROCYTOMA DUE TO attending Conditions, if eny, which gave rise to immediate cause DUF TO (e), stating the underlying CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PURFORMED? NO X 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. | certify that 30 (this hospital) attended the deceased from September 23 9.61 to January 27, 19.62 that 05 (we) last saw the deceased alive on January 27, 19, 62 and that death occured a 2:364, PMm the causes and on the date stated above. 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 28 January 1962 M.D. 22d. ADDRESS 22c. PHYSICIAN'S eath. Pa Bramlett LCDR MC USN U.S. Naval Hospital, Bethesda, Maryland 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) 0 Arlington National Cemetery Arlington T ADDRESS Washington, D. B. REC'D BY REGISTRAR 256. Furaeral Home 131-11th STATEJAN 3 0 '62 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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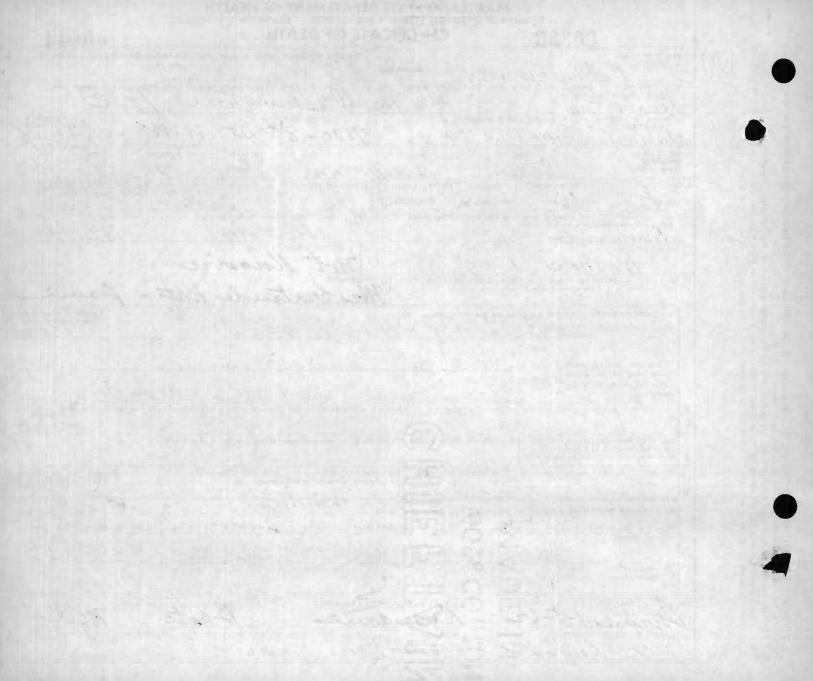
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) MARYLAND priellist Mary land montgene of c. LENGTH OF STAY IN 16 Silver Spring Since Jan 17, 1965 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give greet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO Rd Saustarium & Caplino NAMEOF DECEASED OF Type or print) 1962 Kuy Ken dall 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months DIVORCED WIDOWED X 1877 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OWN House in Fr 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT FRANK M.D YNCAN (Yes, no, or unkown) | (Ifyesgive war or dates of service) 11708 Caplinger law 10 -INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 days IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? Orten Sclarte Cardovascular Docasa NT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter noture of injury in Port I or Port II of item 18.) NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Month, Dey, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Jan 17,..., 1962, to Jan 27,..., 1962, that (I) (we) last saw the deceased alive on 126, 1962, and that death occurred at 9. M, from the causes and on the date stated above. 22e. SIGNATURE SIGNED DIRECTOR | 22d. ADDRESS COHEN M.D. 1106 SPRING ST. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0:58 REMOVAL (Specify) GREENWEll CEMETERY MINERAL 2434ADDRESS GEORGIA AVEZSA. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S MENATURE VR A15 (4) 15M 7/61 SILVER SPRING. arthur S. Thomas LNC

executed within

PROJECT CONTRACTOR AND AND STREET STREET out have the value of the Hannah AND ALL & ALL COMPANIES OF THE STATE OF THE the way of the court of the cou Wently E. Timplions and Johnson House

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00850 filed with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside conforote limits, write RUBAte and give nearest town) pe RURAL and give nearest town) 3/109/01 NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO .0 NAME OF Middle 4. DATE Month Day Yeo filled ages 1 DECEASED OF (Type ar print) DEATH 1960 a 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED M DIVORCED [ 6 cample 10o. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo rouse wi law requires that the death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 physician attending physical 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) DUE TO gned by permit. Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost burial-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stale) (County) factory, street, office blda., etc.) use Haur o. m. While Not while ot work at work p. m. 19 62 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on. /19 and that death accurred atd 0 M, from the causes and an the date stated above. ECTOR: 22a. SIGNATURE 22b, DATE ATTENDING PHYS. SIGNED DIRECTOR -Board 22c. PHYSICIAN'S NAME (Type) TO FUNERAL 6 DERINIG page 3 sh the State BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) OR CREMATORY (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FLINERAL DIRECTOR'S SIGNATURE VR A1S (4) 162 DATE AN 8 1SM 9/S9



7	00851	CERTIFICA	ATE OF DEATH	Reg. Dist.	No. 1119411						
M)	PLACE OF DEATH Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased in o. STATE Maryland	ived. If institution, Residence b. COUNTY Montg							
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give neares) fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporal	e limits, write RURAL and give	re nearest lown)						
	d. NAME OF HOSPITAL (If not in hospital, give struction 65/7 Malla	reet oddress)	1 d. STREET ADDRESS 6517 Mills	lwood loa	IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO						
	NAME OF First DECEASED (Type or print)	Middle	La Crocit 4. DATE OF DEATH	Month January	Day Year 24 19 62						
5.	7.7	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 9.	Look broth days	YEAR IF UNDER 24 HRS BY Hours Min.						
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	Battimore Me	etry) 12. CITIZ	EN OF WHAT COUNTR						
	13. FATHER'S NAME  - Jean Claude La Croix Rosemary Mc Dermott										
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)										
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ial pneumonitis, vira	al	INTERVAL BETWEEN ONSET AND DEATH						
	cause (o), stoting the <u>under-</u>	Acute congestion	n,larynx and trachea,	, from							
CATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C niae in thymus, brain		(o) 19. WAS AUTOPSY PERFORMED? YES NO						
L CERTIF	206. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING 206. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II	of item 18.}							
MEDICA	Hour o.m.	Od. INJURY OCCURRED   20e. Pl hile   Nat while   fa work   ot work	ACE OF INJURY (Home, form, 20f. (City or ctory, street, office bldg., etc.)	lown) (Co	unty) (State						
	21. I certify that I attended the decative an 1-22, 1  ACTUAL SIGNATURE ATTENDED	/ _ /	accurred at 2:10PM, from t	et, city or town, stole)							
		ckett N.D.	5000 Reno Rd. N		n D.C.						
1 -	BURIAL, CREMATION, PEMOVAL (Specify)	22c NAME OF CEMETERY C	Cemetery 6	(City, Jown, or county)	Turnia						
23.	evert a tumphre	Botherla Ma	240. REC'D BY REGISTRA DATEMAR 2 7 162	R 24b. REGISTRAR'S SIGN	//						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

FILM \$209-3/29/6x1- PRIGINAL CERTIFICATE
UNDER ADOPTED NAME OF MELINDA VERMILYE.

MB-

to be a property of the same o

# HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. this certificate has been signed by the attending physician and campletely filled in by ar use as the burial-transit permit. Then please remove carbon papers. Pages 1 and detoched far use as the burial-transit TO HOSPITAL OR ATTENDING HYSICIAN: The law may be retained by the house of an attending physic TO FUNERAL DIRECTOR: After this certificate has been page 3 shauld be detached far use as the burial-trainthe State Board of Health prior to burial, cremation,

VR A1S (4) 15M 9/S9

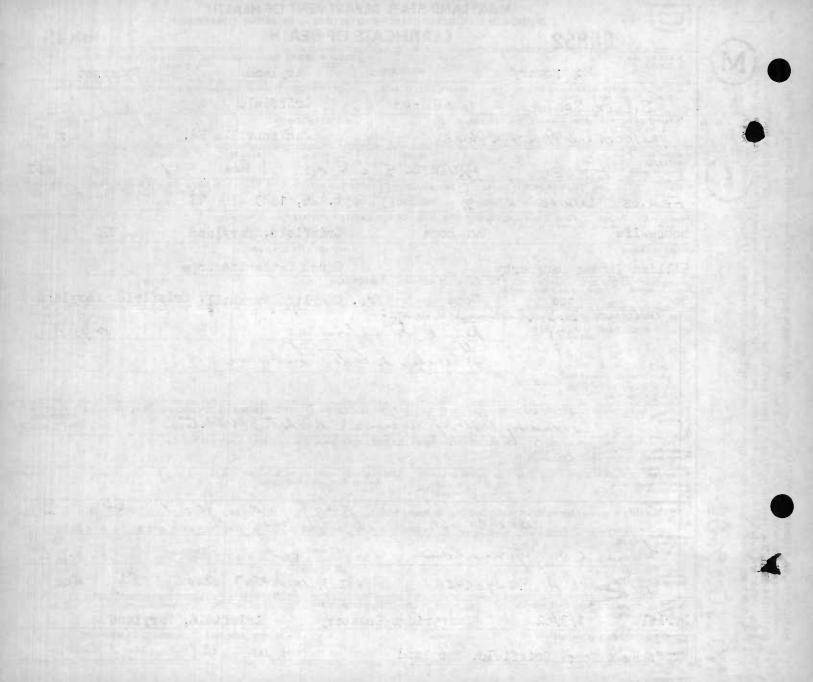
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00852

001845

		LACE OF DEATH				a. STATE	ENCE (Where	e deceased li	b. COUNTY	an: Residence	befare adr	nissian)	
П			Montgomery	MARYLA	IND	1	arylar	nd	0. COOM	Some	rset	V	
	Ь	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			116	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						own)	
,	9	6 '	R SPRING	6 MOINTHS			crisfie	eld		19	X-2		
+	d	OR INSTITUTION	AL (If not in haspital, give	street address)		d. STREET A	DDRESS					RESIDENCE	
		WOODLAND NURSING HOME					Jackson	nville	Rd.			NO 🗌	
	3. N	3. NAME OF First Middle				Last 4. DATE Manth					Day	Year	
		Type ar print)	ETHEL	PRISCILLA	9 4	AIRD		OF DEATH	/		1	1962	
	5. SE	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	□ B. C	ATE OF BIRTH		9.	AGE (In years	IF UNDER 1		NDER 24 HRS	
	-	FEMALE WHITE WIDOWED DIVORCED   Sept. 26, 1883   Sept. Manths Days Hours											
	10a.	USUAL OCCUPATIO	ON (Give kind of work dane	e 106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State or	fareign caur	ntry)	12. CITIZE	ZEN OF WHAT COUNTRY		
	Н	ousewife	king life, even if retired)	Own home		Crist	lield,	Maryl	and	US	JSA		
	13. F	ATHER'S NAME			1	4. MOTHER'S	MAIDEN NA	ME					
	W	illiam Tho	omas Daughert	ty		Sarah	Cathe	erine	Pope				
	15. V	WAS DECEASED EVE		16. SOCIAL SECURITY NO.	17. INFO	RMANT	ET I A		Add	ress			
	No		None	None	Mrs	. Charl	ton Ma	rshal	, Cris	field,	Mary:	land	
		18. CAUSE OF DEA	TH [Enter anly ane cause	per line far,(a), (b), and (c).]							INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY:								ONSET A	Lus .		
		IMMEDIATE CAUSE (a) Thenal surgerising											
		Cardillon if any which feneralized lederearch me											
	gave rise to immediate DUE TO												
		lying cause last.											
)	z	, (c)											
	CERTIFICATION	Coronary artery Disease: Dishetes Mellitus PERFORMED?											
	ERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH											
			MEDICAL EXAMINER)							14.11			
	WEDICAL	20c. TIME OF INJUR Haur a. m.		20d. INJURY OCCURRED 20 While Nat while		OF INJURY (F y, street, affice		20f. (City o	r tawn)	(Cai	unty)	(State	
	WE	p. m. 19 at wark at wark											
		21. I certify that (1) (this hospital) attended the deceased fram July 9, 19 a., ta July 1, 196, that (1) (we) los											
		saw the deceased olive on Dec 30 1966, and that death occurred at 314M, from the causes and on the dote stoted obove											
		1 22g SIGNATURE 22h DATE											
		Bernerd a Ortgerala M.D. PHYS. DIRECTOR DIRECTOR PHYS.								1-1-	6 2 SIGNER		
		22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
		NAME TO A. FITZGERALD 217 UNIVERSITY BLUET, S.S. Mex.											
	23a.	BURIAL, CREMATIO	N. 23b. DATE THEREOF	23c. NAME OF CEMET	ERY OR C	REMATORY	2	3d. LOCATIO	ON (City, tawn,	ar caunty)	(:	State)	
	Bu	REMOVAL (Specify)	1/3/62	Sunnyridge	Cem	etery	(	risfi	eld, Ma:	ryland			
	24. F	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				4		
	B	radshaw &	Sons, Crisfi	ield, Maryland		DATE JAN 4 '62 Chilling S. Thomas							



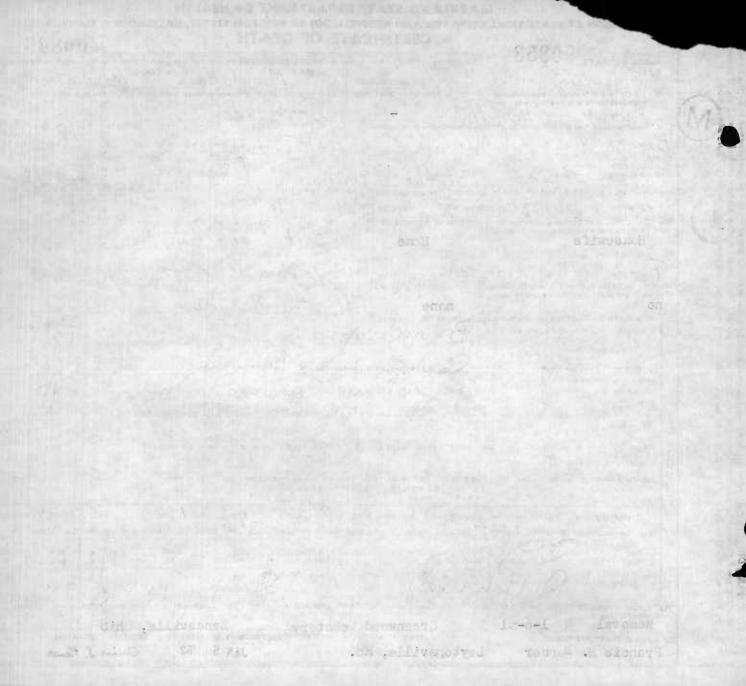
# MARYLAND STATE DEPARTMENT OF HEALTH

SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	00053		001845					
1	e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before edmission)					
	Mainta	e. STATE Mary Jan & B. COUNTY MAN	In manne.					
-	b. CITY OF TOWN (if out the corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	tgomery					
1	write BURAL and give hearest town)	C. CIT OK TOWN (IT buistoe corporate times, write KOKAL and	grae neatest town					
	Rural - Olvey, NO.	Dethesda 45						
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
	Brooke Grove Foundation	9815 Singleton Drive	YES NO X					
=	NAME OF First Middle	Last 4. DATE Month	Day Yeer					
	(Type or print)	OF DEATH	0 1-					
-	Linora Blythe Lam	iman Jan.	2 1962					
L	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 Y last birthday)  Months Di	EAR IF UNDER 24 HRS.					
	temale   White   WIDOWED   DIVORCED	1943, 1816 85 yrs. Monnis	ays Hours Min.					
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?					
	Housewife Home	Salt Lake City Mah	11.5.4.					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.	01.00.11.					
	Palas Charles Lancon	S al. DI.						
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. I	Do Phia Christiansen						
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
		ospital Records						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:  JAMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  JAMEDIATE CAUSE (b)	Menzus	ONSET AND DEATH					
	74)		- I wit					
	DUE TO	The Area Jost	1200					
	Conditions, if eny, which gave rise to immediate cause	may havened	1 1000					
1	(e), steting the underlying DUE TO	or Cardinisa acular hicare	VY					
	cause last. (c)	2 Crefa (2000-7001/10/1 \$7/8008)	1/2					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1						
CENTRICK A TION			YES NO X					
1 2	200. ACCIDENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Pert II of item 18.)	A					
102	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		CE OF INHIBAY (U from 1 201 (City 1-1)	15:11					
A POST	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. 20e. PLA While Not While	CE OF INJURY (Home, farm, 20f. (City or town) (Count pry, street, office bldg., etc.)	y) (Stete)					
1	p.m. 19 et work et work							
	21. I certify that (I) (this hospital) attended the deceased from	7/27 196/, 10 1/2 196	2 that (I) (we) last					
	10/24	7/ 2.30 %						
saw the deceased alive on								
	34/10	ATTENDING MED. STAFF	1 SIGNED					
	22c. PHYSICIAN'S A 1 1 M	D. PHYS. DIRECTOR PHYS.	- 66-					
П	NAME (Type)	220. ADDRESS 11.0	11.0					
	C. Handalb	Aural Obsert	7 1000					
2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City Jown or county)	(Stete)					
	Removal 1-6-61 Greenwood Ce	emetery Zanesville, Ohio						
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE					
	Francis H. Barber Laytonsville, Md.	DATE JAN 5 '62 Cuthun &	Kenson					
		DATE WATER	, roundes					

filled in by the funer es 1 and 2 shoult TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Part may retained by the hospital or attending physician.

TO FUNER IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in E director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers as 1 director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 housefiled. VR A15 (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00854 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Frederick Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town 2 months Adamstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Mt. Airy Rt.# 3 YES X NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) Webster DEATH January 30. Daniel Lee-Sr. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male White WIDOWED A DIVORCED please rem 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) H.S.A. Farming Howard Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 William. Ball Susan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address emoval, (Yes, no, or unkown) | (If yes give war or detes of service) Mr. Daniel W. Lee, Jr. Adamstown, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 104 Conditions, if any geve rise to immediate ceuse DUE TO (e), steting the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this attended the deceased from. saw the deceased alive IGNATURE 22a. 22b. DAT ATTENDING MED ams - DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) James P. Kerr 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) O in a Frederick, Maryland Burial Olivet Cemetery 24 FUNERAL DIRECTOR'S ALGNATULE 25b. REGISTRAR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR VR A15 (4) Thurs & Kenne Frederick. Maryland DATE 15M 9/60 and

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MARYLAND STATE DEPARTMENT OF HEALTH

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The Table

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DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00855 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY lontgomery MARYLAND 0/4mb/c b. CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Washington TAKOMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH 13 anuaRy and col 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) Retired- Interna U.S.A 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY CERTIFICATION PERFORMED? NO W 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While MEDI at work at work OR: 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS death. Parto FUNER filed \ DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b O F REMOVAL (Specify Methodist Remova Cemetery Halevville. New Jersey REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JAN 1 5 '62 Co.-2901 15M 7/61 .Hines washing ton

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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. PLACE OF DEATH			THE TOTAL STATE	2. USUAL RESIDENCE	Where decease	ed lived. If institution		e befare a	dmission)
Mor	ntgomery		MARYLAND	Mary	land	3, 600,111	Montg	omery	
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corp	orate limits, write R	URAL and gi	ve nearest	tawn)
Bet	thesda		22 hours	Kens:	ington				
d. NAME OF HOS	PITAL (If not in hospitol, (	give street	oddress)	d. STREET ADDRESS			(AL 81)		RESIDENCE
Sub	ourban Hospi	tal		Farr	agut &	St. Paul	Sts.		S NO
NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mon	ith	Day	Yeor
(Type ar print)	Charle	_		Lemke	DEATH	Jar	nuary	9,	1962
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	- T	-	JNDER 24 H
Male	White	WIDOWE	DIVORCED	7/31/94		67 yrs.	Months I	Doys Ho	ours Min
USUAL OCCUPAT	TION (Give kind of wark	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ate ar fareign	country)	12. CITIZ	EN OF WH	AT COUNTR
11/10	Ter	B8	O Railroad		0005	·	1	Las	5.7
FATHER'S NAME	1			14. MOTHER'S MAIDE	/			-	- Of f
2	inknow	21		21	nkn	rown			
WAS DECEASED EN			SOCIAL SECURITY NO. 17. I	NFORMANT		Addi	ress		
os, no, or unknown)	(If yes, give war or dates of s	service)	YES	Yoso Reco	eds				
1B. CAUSE OF D	EATH [Enter only one co	ouse per lir	ne for (o), (b), and (c).1	7-7	1	,		INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:							ONSET A	1-2 day	
DUE TO								/ /	- way
Canditions, if any, which) (b) ASC VI								0	
gave rise to	immediate		10.0						
couse (o), statin		)							
lying couse las	_ / /6	-	CANTERIORIES AND DEATH BUT	TALOT DELATED TO THE TO	DIAMETER DISEASE	F COLUDITION ON	(FA . 14 . D . DT	24 1/20 14	/AC AUTOR
PART II.	PS-CANT CON	7 P	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TEL	RMINAL DISEA	SE CONDITION GIV	EN IN PART	PE	VAS AUTOPS ERFORMED? S NO ()
20g. ACCIDENT V	VAS LINDERLYING IT	20b. DESC	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury	in Port Lor Po	rt II of item 18.)		120	, LI NO L
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	200. 0 200	S. S	se temer nature as injury		in in india ron			
20c. TIME OF INJU		ar 20d, It	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, for	orm, 20f, (Cit	y ar tawn)	ICo	ounty)	(Stai
Haur o. m	10	While	Not while fo	ctary, street, office bldg.,	etc.)		,,,,,	,,	,,,,,
p, m		at worl	k at wark	1 0	10	10		_	
21. I certify th	not (I) (this hospito	l) attend	led the deceosed from.	1-8	1962 to_	1-1	, 196-	that (	(I) (we) lo
	ased alive on	-9	19_6 2 and that	death occurred at _/	57M, from	the couses on	d an the	dote sta	
220. SIGNATURE	12/2	51.		ATTENDING	MED	CTAFE			22b.DATE
You	allo		men,	M.D. PHYS.	DIRECTOR _	STAFF PHYS.		1-9-	62
27c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	1 B	. 11 4	211	2	11 10
	Dr. Horac		nton	4743	8 M	adly L	kud-	De	Ch. M.
o. BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE THEREG	OF	23c. NAME OF CEMETERY C	OR CREMATORY		TION (City, tawn, o			(Stote)
Burial	1-16-6	2	Rockville C	emetery	Ro	ckville	Mary	land	
FUNERAL DIRECTO	R'S SIGNATURE	he	ADDRESS Georg	ia Ave. 250. RI	EC'D BY REGIS	TRAR 25b, REGIS	STRAR'S SIGI	NATURE	
arner E.	Pumphrey I	nc.	Silver Spring		JAN 1 8	'62 ~	mon S.	Thank	

page 3 shauld be detached for use as the burial transithe State Board of Health prior to burial, cremation, or TO HOSPITAL OR may be retain TO FUNERAL D VR A1S (4) 1SM 9/59

ECTOR:

the funeral directar, ould be filed with

haurs after death

in any event, within 72

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

Ital ar attending physician.

er this certificate has been signed by the attending physician and campletely filled in

for the are the burial-transit permit. Then please remave carban papers. Pages I and

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0857 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY Montgomery a. STATE Virginia b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fimits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town Olney WKS Shipman d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES X NO Montgomery General Hospital 3. NAME OF 4. DATE Year Month DECEASED DEATH (Type or print) 19 Grover Carlton
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 2HRS. and cor AGE (In yours | IF UNDER 1 YEAR 5. SEX last birthdey) 10/8/1984 M Months I Devs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
(CARPENTER,) RETIRED U.S.A. CONTRACTOR va. 13. FATHER'S NAME 14. MOTHET'S MAPEN NAME IN CONNET William Daniel Ligon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Office Records (Yes. no. or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO prior 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) rained by FOR: After to be defached MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) (State) 2Dc. TIME OF INJURY 2Df. (City or town) Month, Dev. Yeer fectory, street, office bldg., etc.) While \_Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from ... and that death occured a from the causes and on the date stated above saw the deceased alive on. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v H. Ligon Olney Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0 5 3 REMOVAL (Specify) Shipman, Nelson, Virginia amily Burial Grounds Removal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Francis H. Barber KKK. 15M 7/61 arthur S. Krous Lay tonsville. I'd. DATE JAN 1 5 '62

RYLAND STATE DEPARTMENT OF HEALTH

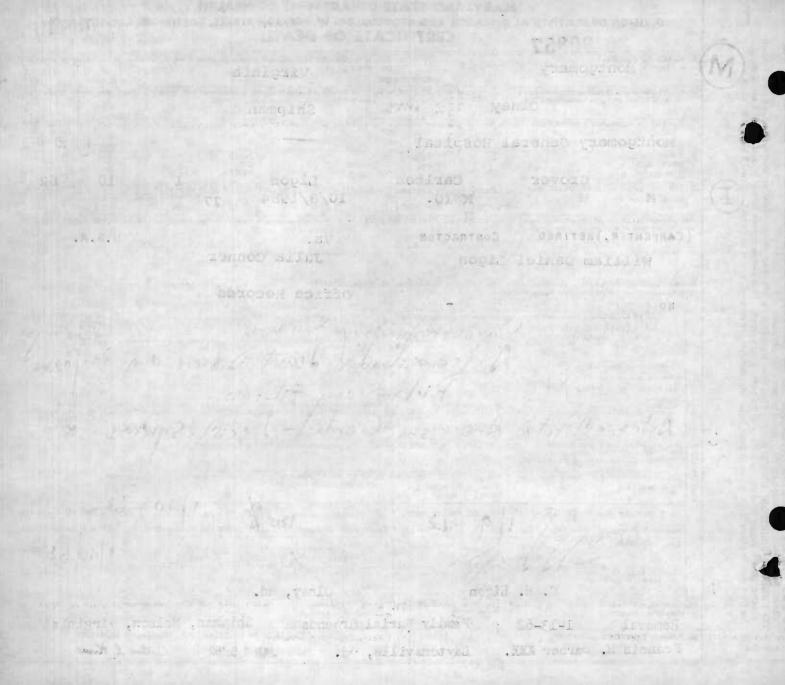
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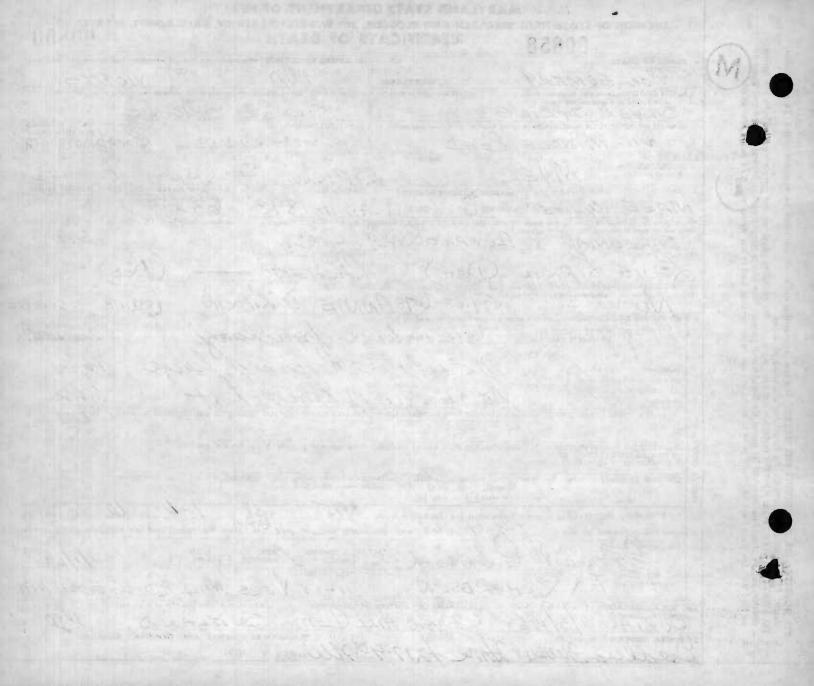
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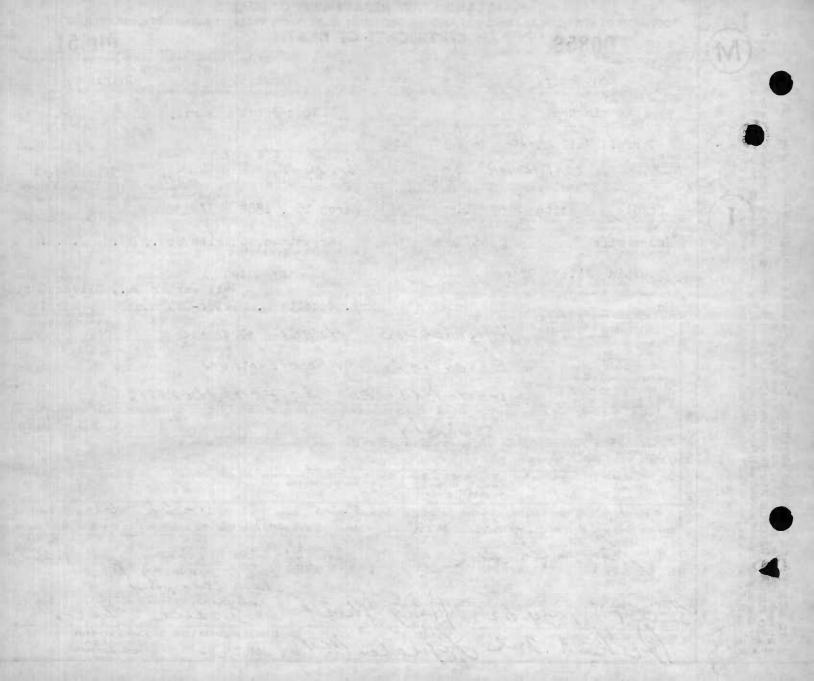
VR A15 (4)



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	00858 CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY NONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY NONTGOMERY MARYLAND
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day Year
	(Type or print) MYER LIPKIN DEATH JAN. 1 1962
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Set birthday) Months Deys Hours Min.  WIDOWED DIVORCED JAN-11- 1898 5715.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Stele, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME PLOMBING SUPPLY DC.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
	(Yes, no, or untown) (lives give were deles of service) 579-03-6078 ANNIE D. LIPKIN (Same as 24
	18. CAUSE OF DEATH [Enter only one cause per line fog (e), (b), end (c),]  PART I. PEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	DUE TO DUE TO
	Conditions, if eny, which (b) Metactaler Research of lellings Igr
	(a), stating the underlying DUE TO Cardinovila of King - Lift 3 grs.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO [-]
	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) while p.m. 19 at work at work
	21. I certify that (I) (this hospital) attended the deceased from 1938, to 1938, to 1938, that (I) (we) last saw the deceased alive on 1938, and that death occurred et 1938, from the causes and on the date stated ebove.
	saw the deceased alive on
	22c. PHYSICIAN'S Lesharland M.D. PHYS. DIRECTOR PHYS.   1/62
	NAME (Type) P. X. KICHARDSON 1141V VIERS MILL KD. WHEATON MD.
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  NEW OVAL (Specify) 1/3/196 PAR HILL EM. SUITLAND.
	24 JUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES
	Locally The 4211-7- Melonal 3 '62   ariling & thous



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND 1 7 P and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by writa RURAL and give nearest town) Kensington Rock Point ( Rural d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Carroll Hall Nursing Home YES NO PT completely 3. NAME OF Middle 4. DATE Month Day Yaar DECEASED OF (Typa or print) DEATH 1962 carbon nt. within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months WIDOWED DIVORCED event, White Female March 15 physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) remoxe dona during most of working life, avan if retirad) At Home House wife Charles Co Bryantown. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death Austin Miles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Silver Spring (Yas, no, or unkown) | (If yes giva war or dates of service) Mrs. Cecelia L. Miller-Daughter Maryland INTERVAL BETWEEN ONSET AND DEATH attending physician. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ERTENSIVE IMMEDIATE CAUSE (a) After this certificate has been signed After this certificate has been signed After this certificate has been signed. DUE TO ESSENTIAL HYPERTENSION Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 4 SENILII 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After many be detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, straat, offica bldg., atc.) Whila Not While Hour a.m. at work at work 1961, to 1- 22 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 3 - 5 19.62, and that death occured a P.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) FUNER or, director, be filled 23 BURIAL, CREMATION, | 23b. DATE THEREOF LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY OH 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. France 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00860 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution, Residence before admission) a. COUNTY **b.** COUNTY Vermont Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerast town) 135 days Bethesda (Rural) Peru d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital YES Y NO 3. NAME OF Middle Last 4. DATE Month Dev Year DECEASED OF (Typa or print) DEATH 1962 Jane (n)MacFarlane January 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours Female WIDOWED DIVORCED T 1897 Caucasian December Vrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan it retired) Boston, Mass. Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James McKean Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or dates of service) HUS: Scott B. MacFarlane. Same as # 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Carcinome d Conditions, if env. which gava rise to immediate causa DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part It of itam 18.) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc. While Not While Hour a.m. at work | et work (this hospital) attended the deceased from Aug. 24, to Jan. 19 61 21. | certify that saw the deceased alive on. Jan. 5. 1962, and that death occured 5:45AM from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE 1962 ATTENDING PHYS. X January 5. DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOEL S. GOODWIN LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Cedar Hill Crematory Suitliand Marvlandia Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur & thouse Mineral Home , Bethesda, Md. DATE JAN 8

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Falls Church Bethesda (Rural 15 min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1736 Arlington Blvd. U. S. Naval Hospital YES NO X NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH Joseph Thomas Mackassav .Tan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male WIDOWED Y DIVORCED Caucasian 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired USA Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Honara Donahue Thomas Mackassay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifves give war or detes of service) S. Daugh: Miss Margaret Vincent, Same as #2 Unknown Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: aneurysm of the descending aorta Dessecting IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? VV NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m. el work at work 21. I certify that M (this hospital) attended the deceased from...January .. 25., 1962, to....January .. 2519...62 that M) (we) last saw the deceased alive on January ... 25 ...... 19.62., and that death occurred at 1.10PM rom the causes and on the date stated above 22b. DATE 22e. SIGNATURE 1962 SIGNED ATTENDING Jan. 26. PHYS. PHYS. 22d. ADDRESS F. WARRENDER LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION. (State) REMOVAL (Specify) Arlington National Arlington, Virginia Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus

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RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAT. OR A. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 h after death. Page may be lined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely find in by the funeral director, page 3 should be deteched for use as the burial-transit permit. Then please remove carbon papers. It is all and 2 should be deteched for use as the burial-transit permit. Then please remove carbon papers.	Wirn
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00854 00000

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1. PLACE OF DEAT a. COUNTY MONT GOME	Н	MARYLAND	a. STATE MARYLAN		b. COUN			dmission
	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN			RURAL end give	neerest tow	n)
	ITAL OR INSTITUTION (IF not	in hospital, give street eddress)	d. STREET ADDRESS	S				ESIDENCE A FARM?
3. NAME OF				4. DATE	Month	Day		
J. NAME OF DECEASED (Type or print)	First	V. BEALL	MAGRUOER	OF DEATH		10	) 19	62
S. SEX		AARRIED NEVER MARRIED DOWED NOVEL DIVORCED	B. DATE OF BIRTH		. AGE (In yeers last birthday)	Months Days	Hours Hours	Min.
FEMALE		DOWED X DIVORCED 10b. KIND OF BUSINESS OR INDUST	4-6-92			12. CITIZEN	OF WHAT C	OLINTRY
	orking life, even if retired)	IUD. KIND OF BUSINESS OK INDUS	MARYLAND	unty & Stere, or	Toreign country)	U.S.A.		OUTIN
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
JAMES VI	ERON BEALL		MARY JANE	BOLTON				
	VER IN U.S. ARMED FORCES? (If yes give wer or detes of servic	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Tes, no, or ankown)			HOSPITAL	RECORDS				
18. CAUSE OF	DEATH [Enter only one caus	e per line for (e), (b), end (c).)		CORDS			TERVAL BET	
PART I. DEA	TH WAS CAUSED BY:	1 4 6.	1.	p 100		C	NSET AND I	DEATH
11-6	IMMEDIATE CAUSE (a)	Houts pu	len mary -	calla	9		1 aces	4
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Conditions, if eny, which (b) Generalized advances arterio sclaroses "								
geve rise to immed (e), stating the	DIJE TO	O .					0	
ceuse last.	(c)							
PART II. OTH		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS A PERFO	NO X
OR CONTRIBUTING	YAS UNDERLYING   201 G   CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	D. (Enter neture of injury i	in Part I or Pert I	I of item 1B.)			
ZOc. TIME OF INJ			ACE OF INJURY (Home, factory, street, office bldg., e		y or town)	(County)		(Stete)
21. I certify	that (1) (this hospital)	attended the deceased from	Nov	1941, to	face	19° I,	that (I) (	(we) la
	ased alive on face	10 1945 and the	at death occured at.	45A M, fron	n the causes	and on the	date state	d above
22e. SIGNATURE	4.8 Bmy	med	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		226	SIGNE
22c. PHYSICIAN' NAME (Typ		ANT, M.D.	SANOY	SPRING,	MARYLAN	10		
23a. BURIAL, CREMA REMOVAL (Specif		2 Poctoille	Cemetery C	23d. LOC	Rockon	wn or county)	me.	d.
24 EUNERAL DIRECTO	DR'S SIGNATURE	Jackhust.	25e. R	JAN 15 1	-	GISTRAR'S SIGN	ATURE	

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led in by the funeral as 1 and 2 should setter death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 l may be indeed by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely DIRECTOR: After this certificate has been signed by the attending physician and completely should be defacted for use as the burial-transit permit. Then please remove carbon papers. TO HOSPITAL OR AT INDING PHYSICIAN: The law requires that the death certificate be exected as the page 3 may be lined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared or page 3 should be defached for use as the burial-transit permit. Then please remove carbon pube filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

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WARNER

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	COUNTY	1 +	1 ERU	MARY	LAND	a. STATE Mary	land	deceased lived, If b. COUN	TY MON	taou	FPV
ь	CITY OR TOWN (if	outside corporate limi give nearest town)		LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside co	orporate limits, write	RURAL and gi	nearest to	wn)
	Ashto	n	S	ince 1948		X Asht	ton				- 1
d	NAME OF HOSPIT	AL OR INSTITUTION (	if not in hospita	al, give street addre	ess)	d. STREET ADDRES	S				RESIDENCE A FARM?
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	IAME OF ECEASED	First		Middle		Last	4. DATE	Month	D	ay Ye	ar
	ype or print)	Grace		W.	M	lanchester	DEAT	rh Janua	ry 26	19	62
<b>5.</b> S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	1 8	. DATE OF BIRTH		9. AGE (In years			ER 24 HRS.
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10a.	USUAL OCCUPATION	ON (Give kind of work	10b. KIND	OF BUSINESS OR		Y 11. BIRTHPLACE (Co		or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	lomemaker	king life, even if retire		home		New York			U.S.	A .	
13.	ATHER'S NAME					14. MOTHER'S MAIDE					
00	Willis I	eonard Whe	eler			Lillian	Funk				
15. \	VAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. SO	CIAL SECURITY NO	D. 17. I			Address			
(Yes,	no, of unkown) (If	yes give war or dates of s	ervice)	10110-		. A.I.Smith	4110	n Acres A	chton	Marri	and
T	8. CAUSE OF D	EATH  Enter only one	cause per line	for (a), (b), and (c)		• Merecultur	MILE	ACLES A		INTERVAL B	
	PART I. DEATH	WAS CAUSED BY:	(12)			mines que	118101	u ento		ONSET AND	DEATH
	4-24	MMEDIATE CAUSE (a)	oug-		, , ,	our face	wysi	a, acca	2	1 14	
	Conditions, if any	DUE TO	6	1.11.	1	teroscle	101			7	
	gava rise to immedia	ite cause	Cene	wages		- vosce	10-10			208	2
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_ =	PART II OTHER	SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH	A BUIT NO	T RELATED TO THE TER/			EN IN DART 1(n	11 19. WAS	ALITODSV
CERTIFICATION	PARI II. OTHER	SIGNIFICANT CONDI	IIONS CONTRI	BOING TO DEAT	BOTRO	T KEEATED TO THE TERM	WIINAL DISEAS	E CONDITION GIV	IN IN PART I(a		ORMED?
1 1	OB. ACCIDENT WADE CONTRIBUTING ( F EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURED	. (Enter nature of injury	in Part I or Par	t II of item 18.)			
MEDICAL	Oc. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Yes	While at work	_Not While		CE OF INJURY (Home, for ory, street, office bldg., e		lity or town)	(County)		(State)
1	1. I certify th	at (I) (this hospit	al) attended	the deceased	from	fou	1951, 1	· Sou	, 1962	that (1)	(we) last
	aw the decease					death occured at:	JAM, fro	om the causes	and on the	date state	ed above
	22a. SIGNATURE	303	رس ر	4	м	ATTENDING	MED. DIRECTOR	STAFF PHYS.		22	b. DATE SIGNED,
2	22c. PHYSICIAN'S NAME (Type)	A.D.8	13 on	IFAH	,	22d. ADDRESS	ends	Spry		mede	
R	BURIAL, CREMATIC EMOVAL (Specify) BURIAL	ON, 23b. DATE THE	62	ORCEN U	rood	Cemeter	cy d	BROOKL	VN /	Ven	York
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00865 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate timits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) McLean Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4311 Woodly Road YES NO X U.S. Naval Hospital, Bethesda, Md. 4. DATE DECEASED (Type or print) DEATH Et.hel 1962 Waller Manship January 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months DIVORCED Female Caucasian 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas G. Waller Syriena O. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give we ror dates of service) DAUGHTER: Mrs. Muriel E. Foote, Same as #2 Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (S) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While at work | et work p.m. 21. I certify that (X (this hospital) attended the deceased from 22. January..., 19.62 to ... 24. January 19.62, that (N (we) last saw the deceased alive on 24. January........ 1962..., and that death occured @6.35AW from the causes and on the date stated above. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) WARRENDER LT MC USN U. S. N val Hospital, Bethesda, Md. 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cremation (Specify) O:F Cedar Hill Suitland, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE BY YORAGINE ENGRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) JOSEPH GAWLERS FUNERAL HOME, WASH., D.C. DATEJAN 2 6 '62 arthur & Trave 1SM 7/61

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH 00866 G305 1/11/62 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural) Bethesda 417 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4522 Gretna St. U.S. Naval Hospital, Bethesda, Maryland YES NO X 3. NAME OF Middle Lest 4. DATE Month Day Year DECEASED 1962 (Type or print) Mae Markman DEATH Ava January 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Female Causasian WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) North Carolina US. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmond Tart Norma Betts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service No Husband: Solomon Markman Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, Month, Dev. Yeer 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work (X (this hospital) attended the deceased fro November 14, 1960 to January 5, 1962, that (X (we) last 1962, and that death occurred at 5250PMom the causes and on the date stated above. saw the deceased alive on January 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. CIAN'S 22d. ADDRESS 22c. NAME (Type) U. S. Naval Hospital, Bethesda, Md. SHEPPARD LT MC USN 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) MOVAL (Specify) OF ARLINGTON NATIONAL ARTINGTON VIRGINIA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61 arthur S. Kraus CHEVY CHASE FUNERAL HOME, CHEVY CHASE,

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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		give nearest town)			MA CITTA	COMON.		111	14.2
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	or print)	JULIE	M		MAYER	DEETH -	anuary	6	1962
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	stating the ur	DILL TO	A. T.	1' 7	1. 1	Visale o	1		
caus	te last.	) (c)_	weer 73	clina	carster.				o year
8	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
AT								-	YES NO
CRTIFICATION OB CO. (IF EI	ACCIDENT WA	AS UNDERLYING   21	b. DESCRIBE HOW INJ	URY OCCURED. (E.	nter natura of injury	in Pert I or Part II of ite	m 18.)		
OR C	CONTRIBUTING	MEDICAL EXAMINER							
									(5 )
WEDICAL 20c.	Hour a.m.	RY Month, Day, Yaar	While Not While		OF INJURY (Home, street, office bldg.,		wn)	(County)	(Stete)
WE	p.m.	19	at work al work		,		1		
21	I cortify th	nat (I) (this hospital)	attended the deco	eased from	1/26	, 19.60 to /	16	19621	hat (I) (we last
1 1		ed alive on	/ / /		eath occured at	A.M. from the	causes a		
	. SIGNATURE	, N	•						22b. DATE
	//-	and Dr.	en an		ATTENDING PHYS.		AFF IYS.	1/1	SIGNED
206	PHYSICIAN'S	( )0-0	~~	M.D.	22d. ADDRESS	DIRECTOR L		110	10
4	NAME (Type)	CARTEST TOTAL	TCATA			Area M	TaT TaT.	achinata	on D C
		SAMUEL DIEN				s. Ave., N			
23a, 8U	RIAL, CREMATIC	ON, 236. DATE THEREO		OF CEMÉTERY OR		23d. LOCATION	(City, town	or county)	(State)
Cren	nation	Jan. 8, 19	62   Cedar	Hill Cre	matory	Suitla	nd, Md	•	
24 FUNE	ERAL DIRECTOR	'S SIGNATURE	ADDRES	S	25a.	REC'D BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	TURE
Gold	dhere E	uneral Home	4217 Oth S	t. N.W.	D.C. DATE	JAN 8 '62	a	ribury S. Hr	calle
COL	Thorse Li	ATTOTAL HOMA	1711 JOH D	A 7/4/11 0	DAIL DAIL				

TO HOSPITAL OR AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. Page may be ned by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00868	CERTIFICA	ATE OF DEA	<b>TH</b>		1111860
1. PLACE O	F DEATH	₩ <i>E /a</i> & 0, 11.	2. USUAL RESIDE	NCE (Where deceased lived,		ence before edmission
	Montgomery	MARYLAN	e. STATE	ermont b. co	UNIT	V.
b. CITY OF write R	TOWN (if outside corporate limits, URAL end give neerest town)	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	N (If outside corporate limits, w	rite RURAL and give	e nearest town)
Beth	nesda (Rural)	4 days	Hu	ntington	82)	x · 3
d. NAME (	OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRES	SS		a. IS RESIDENC
U.S.	Naval Hospital,	Bethesda, Md.	Wild Acr	es		YES NO
3. NAME O DECEASI	F First	Middle	Last	4. DATE Mo	onth Day	y Year
(Type or pr	rint) Ai de	a MacLean	Mayo	DEATH Jan	arv 7	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	ars IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucasian	WIDOWED DIVORCED	December 7 1	1875 86 yrs.	Months Deys	Hours Min.
10a. USUAL of	OCCUPATION (Give kind of work most of working life, even il retired)	106. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Co	ounty & State, or loreign counts	ry) 12. CITIZEN	OF WHAT COUNTR
Housev			Pennsyl	vania		USA
13. FATHER'S			14. MOTHER'S MAIDE			
Cha	rles C. MacLean		Amanda	Manderson		
15. WAS DEC	EASED EVER IN U.S. ARMED FORC	ES?   16. SOCIAL SECURITY NO.   1	7. INFORMANT	Addr	ess	
(103, 110, 01 01	(ii yes give war or dates of ser		Husband, Che	ester Mayo San	ne as #2	
IB. CAU	ISE OF DEATH [Enter only one of	cause per line for (a), (b), and (c).]	nassana, one	- Mayo Dan	"   11	TERVAL BETWEEN
PAR	T I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	musera	dil one	nesting	0	NSET AND DEATH
14	O DUE TO					
Condition	s, il any, which (b)	Penana	mu souti	In Them	boice	4
gave rise	to immediate cause	4 - 2	1	d		
cause lest	ig the underlying	Anlenis	Clevatic	, Heart De	seaso	7
Z PART	H. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION C	SIVEN IN PART 1(a)	19. WAS AUTOPSY
ZOa. ACC OR CONT						PERFORMED?
20a. ACC	IDENT WAS UNDERLYING [] 1	20b. DESCRIBE HOW INJURY OCCU	JRED. (Enter nature of injury i	in Pert I or Part II of item 18.)		
OR CONT	RIBUTING   CAUSE OF DEATH   NOTIFY MEDICAL EXAMINER)					
ZOc. TIME	E OF INJURY Month, Day, Year	20d. INJURY OCCURRED   20e.	PLACE OF INJURY (Home, fa	arm, ' 201. (City or town)	(County)	(State)
20c. TIMI	ur e.m.	While Not While et work at work	factory, street, office bldg., e	etc.)		
	p.m. 19		. l. +	10 (0 5	160	
21.   Ce	ertify that (M (this nospita	d) attended the deceased from	January	, 19.0% 10	ary, 162	that (M (we) la
22a. SIG		nuary1962, and i	that death occured at	25AM from the cause	s and on the d	22b. DATE
110.	1. 11.	. (1	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. K	7	SIGNE
22c. PHY	SICIAN'S	10022	M.D. PHYS.	DIRECTOR PHYS. K		
NAM	. W. VOSS LCDR M	CHSN		Novel Homit	ol Dotho	-2- 162
23e. BURIAL	CREMATION, 23b. DATE THERE			Naval Hospita		Soa, Mo.
REMOVAL	Specify 1 1/11	116				(21919)
	DIRECTOR'S SIGNATURE MENT	Trutte A Tr		Burlington,	Vermont	ATLIDE
			Georgetown <sup>258</sup>	JAN 9 '62	arthur S. A	KIUKE
Josep	h F. BIRCH SONS	runeral Home	DATE	JAN 9 '62	Could d. 11	CANAD.

s 1 and 2 should The law requires that the death certificate be executed within 24 death. Past may be ned by the hospital or attending physician.

TO FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or remoyal, and in any event, within 72 hospitals. DING PHYSICIAN: OR A TO HOSPITAL VR A1S (4)

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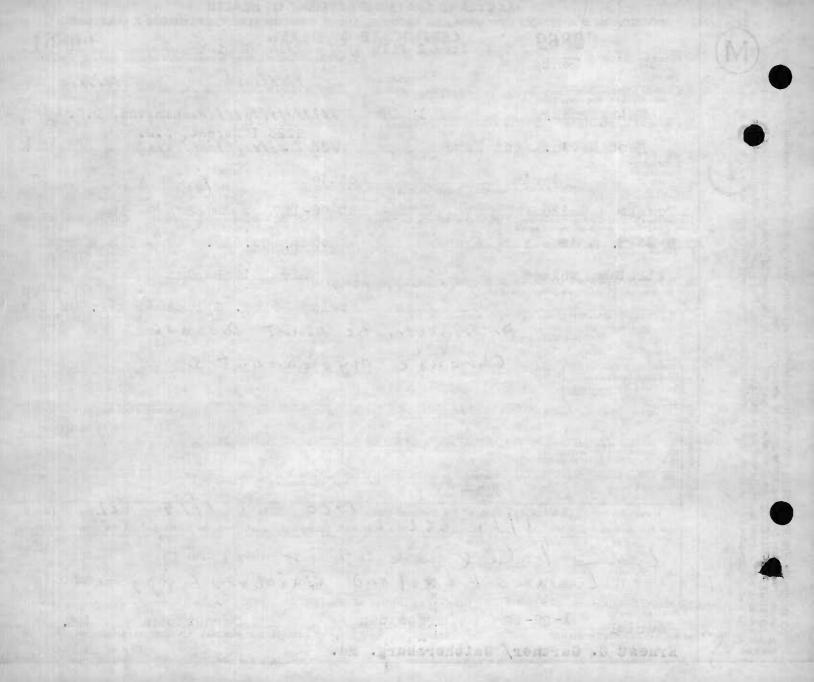
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montg e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) þ writa RURAL and give nearest town) be executed within 24 = Geithersburg Washington. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO T Rest papers. In 72 ho completely 3. NAME OF Middle DECEASED DEATH (Typa or print) 19 Minnie McAtee Jan and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS. `₹ last birthday) Months Days Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sect. School leacher Monte Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rosclerotis IMMEDIATE CAUSE (e) DUE TO Mys carditis Conditions, if eny, which (b) geve rise to immediata cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY ICATION PERFORMED? as o NO CERTIFI 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m at work et work 19. 21. I certify that (1) (this hospital) attended the deceased from. to.. saw the deceased alive on. DIRE 3 sho 22b. DATE 22a, SIGNATURE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S HOSPIT NAME (Type) filed \ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) OFB Darnestown Darnestown unia 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60 Gartner/ Gaithersburg. Md. Thous



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00070

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1)		o. COUNTY MARYLAND 2. USI	JAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	Ь	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. C. CRAY and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	STIGOLD Farm Le SESIDENCE ON A FARM? YES NO
	0	NAME OF DECEASED (Type or print) / + e   en a = E   range   in a	Last 4. DATE Manth Day Year OF DEATH Jan 1962
	5. 5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE  Tem White WIDOWED DIVORCED AD	OF BIRTH OF
		during most af warking life, even if retired)	Melruse has 12. CITIZEN OF WHAT COUNTRY?
1	1-	Alexander Muse	Hune Huse Jacquard
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? No. or unknown) (If yes, give wor or doles of service) None None	Ferullo 6519 Old Fam La.
		PART I. DEATH [Enter only one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gove rise to immediate couse (a), stoting the underlying couse lost.  (c)	inoma of Breast interval Between onset and geath
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  VEVIOSCIEUOTIC / LECT / SCASS  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO [
			INJURY (Hame, farm,   20f. (City or town) (Caunty) (State)
	MEDICAL	Haur o. m.  p. m.  19 of work at work	eet, office bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 15 2a. Signature	TIENDING MED STAFF 22b. DATE SIGNED
	1		d ADDRESS  STORY Richards had Canty
	Bu	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM. Burial-Transit 1/19/62 St. Patrick (	Bemetery Stoneham, Massachusetts
	-	Robert A. Pumphrey, Bethesda, Maryla	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deatl of ar attending physicion. This certificate has been signed by the attending physician and campletely filled in by this certificate has been signed by the attending carbon papers. Pages 1 and are as the burial-transit permit. Then please remove carbon papers. Pages 1 and a security within 72 haurs after death. TO HOSPITAL OR ATTENDY PHYSICIAN: The law requires that the may be retain by the half or attending physician.

TO FUNERAL D. CCTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. There the State Board of Health prior to burial, crematian, or remayal, and

the funeral arrectar, ould be filed with

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v 1			MARYLAND STATE DEPARTMENT OF HEALTH	
3			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	MINE 63
funeral	-	1	PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, If institution; Residence)	dence before edmission)
등 2 년 다 2 5	(N		montgomery MARYLAND MARYLAND Prince	Georges
by t and dear	6	-	b. CITY OR TOWN (if butside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	ve neerest town)
at in by the fast and 2 safter death.	75		a Koma Park 9 days Hyatsuile 165 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddipss) d. STREET ADDRESS	. IS RESIDENCE
5	15	4	hsh San + Hosp 2307 Ritton house St.	YES NO
nd completely arbon papers.			DECEASED OF	Yeer Yeer
com on p			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE)	1 1962
and col carbon nt, withi			Je WIDOWED DIVORCED 5-31-25 36 yrs. Months Dey	
ician ar ove ca event,		10a do	LUSUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or toreign country) 12. CITIZEN	OF WHAT COUNTRY?
physician e remove	-	5	Real EstaTe Virginia Ar.	ner.
nding physician please remove and in any ever	1	-	Tames E A 5	
in de	1	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  s, no, or unkown) [(If)yes give were or deles of service)   7. INFORMANT	
9 6			no 1918-22-0969 Wash, San & Hosp, Records.	T. PK. m
d by the permit.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
. 0 .			MMEDIATE CAUSE (e)	
tending phy been signed rial-transit i cremation,			Conditions, if eny, which (b)	
+ ·			gave rise to immediate cause (a), stating the underlying cause last.  (APCIAIOMA 6F / 1.146	3-42-5
or at the bas the b		Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	
ertifica use as rior to	0	CATIC		PERFORMED?
is certification is certification use		CERTIFICATION	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)	
by the the			20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(Stete)
R: Af detac t. of		MEDICAL	Hour e.m.  P.m.  While Not While factory, street, office bldg., etc.)  et work et work	
OB B			21. I certify that (I) (this hospital) attended the deceased from Oct 20 , 1961, to 1/4 , 1967	
RECT Pould			saw the deceased alive on	date stated above.
DIRI DIRI 3 sho			M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1	4/(2 SIGNED,
Page With t	1		22c. PHYSICIAN'S NAME (Type)	1/6
TON.		22-	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR GREMATORY   23d. UDATION (City, toys) or county)	(State)
die die		200	REMOVAL (Specify) 1/8/1961 Oakwood Talls Church	Na
VR A1S (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	, ,
15M 7/61		7	Saffelt Funeral Hour 475 H ST, N. WDATE JAN 8 '62 Chillen S.	Thank

m Hat is bound good or now was a series of manda of the month Jeg Je C. Franco at Home 475 H. S. J. G. May 3 W. Land & William

1	MARYLAND STATE DEPARTA	MENT OF HEALTH  DEPTH OF HEALTH  DEPTH OF HEALTH
4	00872 Items 3 CERTIFICATE OF	<b>PEATH</b> iwk 111864
(No	1. PLACE OF DEATH a. COUNTY MONTGOMEYY MARYLAND 2. USUAL b. STAT	L RESIDENCE (Where deceased kived, If institution: Residence before admission)  E
To do	b. CITY OR TOWN) (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY write RURAL and give neared yowh)	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
75		et address  1. Is residence on a farme yes \[ \] NO \[ \]
	3. NAME OF Stirst Middle Last May MCLEA MCLEA	of Month Dey Yeer
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF B	
I	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refered)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH	PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  . Va. Chileston america
	13. FATHER'S NAME	R'S MAIDEN NAME On Foteb.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (Hyesgive war or dates of service)	Address
	18. CAUSE OF DEATH [Errier only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b) arterioscleration	· Heart Drouge 8 Meurs
	geve rise to immediate cause (e), steting the underlying  DUE TO	years xerciase 8 regens
0	Cause last.  (c)  PART II. OTHER SYGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	of injury in Part I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour e.m. While Not While at work at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	to 13.0, 1962, that (I) (we) last cured at 7.3.0, from the causes and on the date stated above.
,	222 SIGNATURE ATTENUE PHYS.	22b. DATE
1		DDRESS 1/05 - Riggs Road wisdale, Maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) Feb. 2 162 arlington Natur	DRY 23d. LOCATION (City, town or county) Va (State)
6	24 FUNERAL DIRECTOR'S SIGNATURE Home ADDRESS Paince	258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  DATE SED 5 162 Cuthun S. Hause
	Inc. ma	

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,		c ,	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
•	Al	3	4)	
5	AA '	7/6	1	
	14.5	, , 0		
	F TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	, 10	•	

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00873

		00873		CERTIFICA	TE OF D	EAT	Н				Rill	SE.
1.	PLACE OF DEATH	H				ESIDEN	CE (Where d	eceased lived, If		Residen	ce before	dmission)
		Montgome	ery	MARYLAND	a. STATE	Varyl	and	b. COUN	ALLA ALLA	1117	200	Mar N.
Ħ	b. CITY OR TOWN (	(if outside corporate limits, d give nearest town)	C.	LENGTH OF STAY IN 1	c. CITY OR	TOWN (I	f outside corp	porate limits, writ	e RURAL e	nd give	neerest tow	(n)
П	Bethesda	(Rural)	- 1	22 days	14 I	Bethe	sda					
	d. NAME OF HOSPI	ITAL OR INSTITUTION (if no	ot in hospita	l, give streef address)	d. STREET	ADDRESS						ESIDENCE
	II. S. Na	val Hospital			4077	Ham	pdon I	ane				A FARM?
3.	NAME OF	First		Middle	Last	L III	4. DATE	Mont	1	Day	Yee	LAL
	(Type or print)	Cothoni	20		MaNo 77-		OF DEATH	I Tomas		_	19	62
5.	SEX	Cathering 6. COLOR OR RACE 7.		NEVER MARRIED	MCNally		19	AGE (In yeers	ary 2			
	-						100	last birthday)	Months	Deys	Hours	Min.
	Female	Caucasian W			June 22	, 188	9	72 yrs.	110.0	217511.6	r will a b	O I II I I I I I I
d	one during most of wo	orking life, even if retired)	10b. KIND	OF BUSINESS OR INDUS	IKY II. BIRTHPLA	CE (Coun	ty & State, or	foreign country)	12. C	HIZEN C	F WHAT	OUNTRY
_	Housewif	'e				Mary				U	SA	
13	. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
	Lawrence	e Hines			Vir	gini	a Embr	ev				
	. WAS DECEASED EV	/ER IN U.S. ARMED FORCES		CIAL SECURITY NO. 17	INFORMANT			Address				
	No	11 703 91 10 Wal Of Beles 01361 11		nknown	Son: Law	ranna	Durch	Same as	45			
	18. CAUSE OF I	DEATH [Enter only one cau	se per line	for (a), (b), and (c).)	OUI. TOTAL	rence	Lugu	Danie a	772	IN	ERVAL BET	WEEN
		TH WAS CAUSED BY:	The	lastin 1	D 2000		1.	R		10	SET AND	DEATH
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	420.	O DUE TO	F	100000	arto	10.1	1100	1				
	Conditions, if any		6	oronary	4176	19	000	usion				
	(a), stating the u	DELETO		11.1	0 4.	1.	,	1 .				
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Z O	PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE	CONDITION GIV	EN IN PA	RT 1(e)   1	9. WAS A	UTOPSY RMED?
CERTIFICATION		Hort.	iè	Stenesis							-	NO
Ĕ		AS UNDERLYING   20		BE HOW INJURY OCCUP		injury in i	Pert I or Part	Il of item 18.)				
CER.	OR CONTRIBUTING	CAUSE OF DEATH										
¥.	20c. TIME OF INJU	JRY Month, Dey, Yeer	20d, INJU	URY OCCURRED   20e. F	LACE OF INJURY (H	lome, farm	. ! 20f. (Cit	y or town)	(Co	ounty)	-	(Stete)
MEDICAL	Hour e.m.		While	_Not While f	actory, streat, offica				,	,		, ,
X	p.m.	19	at work [	at work			1			7-		
		that 🗓 (this hospital)										
	saw the decee:	sed elive onJan.	25	19.62, and th	at death occur	ed eb:	30PMror	n the causes	and on	the d	ate state	d above
	22e. SIGNATURE	22e. SIGNATURE 22b. DATE									. DATE	
		Mohre W	150.	achett	M.D. PHYS.		RECTOR [	PHYS.	Jan	. 26	, 196	2
	22c. PHYSICIAN'S NAME (Type				22d, ADDI							
	NAME (170e	JOHN W. BI	RACKET	rt JR. Lit MC	USN U.S.	Nav	al Hos	pital, 1	Bethe	sda,	Md.	
23	a. BURIAL, CREMAT	ON, 236. DATE THEREO	F   2;	3c, NAME OF CEMÉTER				ATION (City, to				tete)
B	REMOVAL (Specify)	1-30-6	2	Arlington	National			Arlingto	on, V	irgi	nai	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH UBUAL RESIDENCE Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Montgomery
b. CITY OR TOWN (if outside corporate limits, MARYLAND Virginia c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Bethesda (Rural) 9 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Elkton & STREET ADDRESS . Naval Hospital, Bethesda, Maryland Month DECEASED (Type or print) DEATH Hamilton Irvin Meadows January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER | TEAR | last birthdey) Months Male WIDOWED DIVORCED Caucasian December 1911 50 years 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Civil Service U.S. Government Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irving Meadows

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Edith Peyton Address (Yes, no, or unkown) | (If yes give wer or dates of service) 1939 to 1945 Wife Goldie Meadows Same as #2d 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART t. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) TRAUMATIC DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that M (this hospital) attended the deceased from 29... December., 1961, to.6... January..., 1962., that M) (we) last saw the deceased alive on.6. January.......19.62., and that death occurred at 217.PM from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M D 22c. PHYSICIAN'S 22d. ADDRESS U.S. Naval Hospital, Bethesda, Md. LCDR MC USN BRAMLETT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial East Lawn Memorial Garden | Harrisburg, Virginia 24 FUNERAL/BIRECTOR'S BIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wisconsin The JAN

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES TO NO

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

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(State)

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	008	75	CERTIFIC	CATE OF DEATH		0.0	867
1.	PLACE OF DEATH O. COUNT Montgome	ry, Kens	ington MARYLA	o STATE	ere deceased lived. If institution b. COUNTY		
	b. CITY OR TOWN (If outside con RURAL and give neorest town)  Kensington	rporote limits, write	12/12/61 to	Wheaton,	utside corporote limits, write RI Maryland	URAL ond give n	earest town)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Kensington	-		d. street address 11601 High	h View Ave.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  Paul	ine <del>Melch</del>	er CARRI		4. DATE OF Jani	tary 8	1962
5.	F 6. COLO	WIDOW	RIED NEVER MARRIED ED NEVER MARRIED DIVORCED [	Cont 9 1	1869 9. AGE (In years log 2 irrhdoy) yrs.	Months Doys	Hours Min.
100	d. USUAL OCCUPATION (Give kind during most of working life, ever Housewife	en if retired)	KIND OF BUSINESS OR I	German			U. S. A.
13.	PHILL Mele		OB RUTTE		Rutter UNI	YNOWA	
	WAS DECEASED EVER IN U. S. A. (If yes, give we	ARMED FORCES? 16. or or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT PAULINE C. HING	HMAN SAddr	ME AS	#2
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CO		ne for (o), (b), ond (c).]				TERVAL BETWEEN NSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	DUE TO	سالم	Thompsio	,		36 Ina.
CERTIFICATION	20a. ACCIDENT WAS UNDERLY	TING   20b. DES	manteria) &	BUT NOT RELATED TO THE TERMIN		'EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. I	NJURY OCCURRED 20 Not while k of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)		(Count	y) (Stote)
	21. I certify that (I) (this saw the deceased alive 220. SIGNATURE		/	om 19.	M, fram the causes an		that (1) ( <del>we)</del> last te stated abave. 22b. DATE

ATTENDING PHYS. MED. M.D.

22d. ADDRESS

23d. LOCATION (City, town, or county)

23c. NAME OF CEMETERY OR CREMATORY
Congressional Con

250. RECD BY REGISTRAR DATE JAN 1 '62

256 REGISTRAR'S SIGNATURE arthur S. Kraica

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1		MARTLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOF	RE 1. MARYLAND
		00876 CERTIFICATE OF DEATH	00868
(M)	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacqasad livad, If in	
1 2 E		Mortsonery MARYLAND MARYLAND B. COUNT	Mont grinery
dea		b. CITY OR TOWN (if outside corporate times, write build and drive nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN if outside corporate limits, write build and drive nearest town)	
The after	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. SNEET ADDRESS	person   a. IS RESIDENCE
17		Subruban Hestile	ON A FARM?
	3.	NAME OF First Middle Last 4. DATE Month OF	Day Yaar
	_	(Typa or print) Rhole N. Mescer DEATH JAN	21 1962
	3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years lest birthday)	Months Days Hours Min.
	10		12. CITIZEN OF WHAT COUNTRY
	do	Honsey less a during most of working life, even if ratired)	U.SA.
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
T	15	WAS DECEASED EVER IN U.S. ARMED FORCES? + 6. SOCIAL SECURITY NO.: 17. NINFORMANT	UC I STATE OF THE
4	(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY 10. 17. INFORMANT  (If yas give war or dates of sarvice)	ten 162
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)  UREMIA	ONSET AND DEATH
	3	DUE TO 7 + 1	>
		Conditions, if any, which gave rise to immediate causa	
		(a), stating the underlying DUE TO DIABETES MEINTUS	7
	Z		N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	CATION		YES NO
2	CERTIFI	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town)	(County) (Stata)
	MEDICAL	Hour a.m. While Not While factory, streat, office bldg., etc.)	(1111)
		21.   certify that (I) (this hospital) attended the deceased from JAN / 19.62 to JAN 20	, 19.4.2, that (I) (we) la
		saw the deceased alive on 32 M, from the causes a	and on the date stated abov
		222- STONATURE ATTENDING MED. STAFF	22b. DATE SIGNE
	_	M.D. PHYS. DIRECTOR PHYS. 122/20 ADDRESS	0 1/21/6
1		JAME (Typ) , C. Magayzin! Rochwelchier Cent	Kechnelle
	23	DEMOVAL (Secilar)	
	-	Arlington National, Arlington, Va	
1	24	Address   250. REC'D BY REGISTRAR   256. REG	ithur S. Krais
	_	md.	, 2003

Betheeden Harry (Rylove) Sichery Subseles Hytel Photo Marcel Jan Jun. 19 1873 69 Finder Colonel SE 514 mayland Gounne Sarah Hayar James Heary Only The 20 12 July 31/4 July 20 1/24/62 (ATTENDED ESTONS), (ESTENDED, VO. Robert C. from the packfully

ON STREET, BALTIMORE 1, MARYLAND 1 Film G305 112/62 . PLACE OF DEATH USUAL RESIDENCE (Where daceasad lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Montgomerv Montgomery MARYLAND C LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give naerest town) PITAL OR INSTITUTION (if not in hospital, give reat address IS RESIDENCE ON A FARM? YES NO I Middle DATE Month Dey Year DECEASED OF (Typa or print) DEATH 5. SEX MARRIED NEVER MARRIED ACT (In years IF L 1 YEAR IF UNDER 24 HRS. Hours WIDOWED DIVORCED USUAL OCCUPATION (Giva kind of work CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad Infant 13. FATHER'S NAME .Ξ' 16. SOCIAL SECURITY NO (Yas, no, or unkown) | (Ifyesgivawarordetesofservice) Miller-Father-Same Joseph A None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geva rise to immediate cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? X NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, offica bldg., etc.) While Not While Hour a.m. et work at work tan. 5 , 19.63 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from many 19.66 to. 19.62, and that death occured at 4.7.M, from the causes and on the date stated above. saw the degrased alive on 22b. DATE 228. SIGNATURE Emilery 5, 101 ATTENDING DIRECTOR PHYS. 22d. ADDRESS GRANDVIEW 226 PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) D. p. g Parklawn Cemetery Rockville. MaryLand Rurial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland Cirching S. House 15M 9/60

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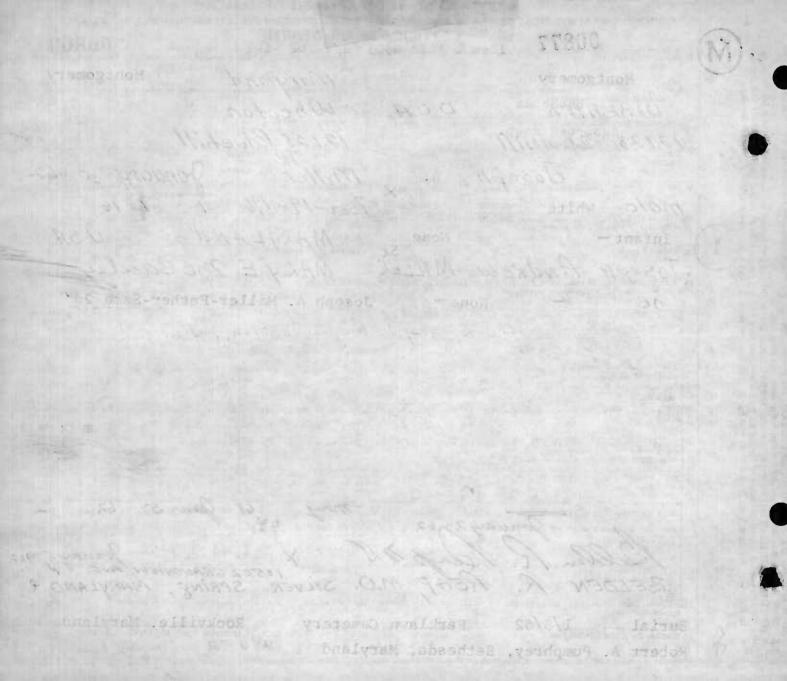
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00878 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution; Rasidanca bafora admission) a. COUNTY Saint Marys MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda 20 Davs Hollywood e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS ON A FARM? "Sotterlev" Estate The Clinical Center, Bethesda 14, Md. YES NO 4 DATE Month DECEASED (Type or print) Edward (No middle name) Milton DEATH 16 19 62 January and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male White WIDOWED T DIVORCED November 1908 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I dona during most of working life, even if retirad) Massachusetts U.S.A. Curator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph John Newton Cora Oberman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) | (Ifyes give war or datas of service) 113-07-4207 | The ClinicallCenter, Bethesda 14, Maryland World War II INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia 1 Week burial-transit DUE TO Mycosis fungoides 6 Years Conditions, if any, which gave risa to immediale cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (Counly) (Stata) Month, Day, Year factory, street, offica bldg., atc.) Hour a.m. Not While at work et work 21. I certify that the (this hospital) attended the deceased from December 27., 19.61 to January 16, 19.62 that RIX (we) last saw the deceased alive on January 16 19 62, and that death occurred a4:05P rom the causes and on the date stated above. 22b. DATE ATTENDING redere 1-16-61 DIRECTOR PHYS. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) of Health, Bethesda 14, Md. Frederick H. Welland, M.D. rector, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0:53 Cedar Hill Crematory Suitland Gremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Joseph F. Birch's Sons Washington, D. C 15M 9/60 Ciring & Kine & ZItay corp

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town SILGEN d. NAME OF HOSPITAL (If not in haspital give street address)
OR INSTITUTION . IS RESIDENCE ON A FARM? 1709 Corwin Drive YES NO NAME OF Middle 4. DATE Manth Year DECEASED JANUAY (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months -cmale WIDOWED TO DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) \_ Own home Missouri Housewife 13. FATHER'S NAME Lizzie Shaw 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAMC as 2d NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Aleukemie Levkemia Conditions, if ony, which gave rise to immediate DUE TO catse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(q) 19. WAS AUTOPSY PERFORMED? YES NO D 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II at item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) 0. m. While Not while at work at work p. m 19 62that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12/15 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 1-31-62 Fort Lincoln Cemetery Maryland Prince Georges 8434 ADDRESS Georgia Ave. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE bound & Thomas Warner E. Pumphrey / Inc. Silver Spring, Md. DATEN 3 1 '62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1 1300	Ttens 18 6 2 1 m 305 MARYLAND STATE DEPARTMENT OF HEALTH	
TOP STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  1000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1000 OF THE PROPERTY	
BEATTH DEPT	1. PLACE OF DEATH     2. USUAL RESIDENCE (Where decassed lived, If institution; Residence before admit	ssion)
8	e. COUNTY  MARYLAND  e. STATE  MC  b. COUNTY  MARYLAND	
E E E	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown)	
r is neces director. r your fi	Betherda 56 Betherda	
6 7 8 X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  o. IS RESIDI	RM?
ath.	3. NAME OF First Middle Last 4. DATE Month Day Yeer	المر
If any of the function of the State of death	(Type or print)  CREAGER  OF DEATH  OF DEATH  OF DEATH	2_
ath.	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE IN YEAR IF UNDER 1 YEAR IF UNDER 24	HRS.
r de and ma) 2 w 2 w	Jewele WIDOWED DIVORCED 5-27-1899 6 2 yrs. Months Deys Hours N	Ain.
サンプロー	100 USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU	NTRY?
n S P P	13. FATHER'S MARKET	_
	Mangarat Lagry	
E O E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
TEE	No (lfyesgivewerordetesofservice) 578-01-6295 J. N. Moore, Husband-same 2d	
and tends for	18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEAT	
0 2 0 2 0	IMMEDIATE CAUSE (e) Aspiration of blood	
	Conditions, if eny, which \ (b) Acute Alcoholism	
12 2 2 8 B	geve rise to immediate cause	
iner iner or r	(a), slating the underlying (c)	
ertificate  1 "pendin  Examiner  Examiner  u used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME	
2 2 4 5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME  PERFORME  YES NO  20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING    CAUSE OF DEATH.  FOUND does not not contributing to death of cataling whom show had follow	0
IR: This of the work Medical Should be should be ial, creming the work of the	20s. EXTERNAL CAUSE WAS  PRIMARY Or CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II or Pert II of item 18.)  Found does not foot of chains whose she had follow	
INE fring hief buri	Found dead at 1000 of States where she had failed	le)
Page 4	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)  Hour a.m.  Hour a.m.  The property of the pr	20
5 5 0 c	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my opin	ion
DICA e certif arrded RECT agent,	death resulted from: Natural causes, Accident X_, Suicide, Homicide, Undetermined manner	
the the DIR	ACTUAL FIGURE ASSISTANT MEDICAL EXAMINER DATE SIGNE	D
STAIL of the stail	SIGNATURE STUDIES M.D. DEPUTY MEDICAL EXAMINER TO	
PUT HE AL DI designated	NAME (Type) FLANK J. BLOSCHZKY Address (Street, city, town, or county)	
Sho Sho	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete)	
5 g 4 5 g	Buria 1/20/62 Mt. Olivet Cemetery Washington, D. C. ADDRESS 246. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	
VS. A15ME SM 9/60	Robert A. Pumphrey, Bethesda, Maryland DATE JAN 19'62 Cotton 8. Kinns	
3/11 7/00	L KOUEL LA. LUMPILLOJ,	

Accest A. Pumphroy, Betheads, Maryland Con Ch.

# FOR STATE HEALTH DEPT. TO DEPUTY WEDICAL AMINER: This certificate should be executed within 24 hours after death. If any delay is necessiblesse executions the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 2 and of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

١	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	USUAL RESIDENCE (Where decaesed lived, If institution; Residence before edmission a. STATE
1	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town)	59 Fairway Hills
۱	Fairway Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
	6212 Vorlick Lane	d. STREET ADDRESS 6212 Vorlick Lane  a. IS RESIDENCE ON A FARM? YES \( \subseteq \) NO \( \subseteq \)
1	3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
ı	(Typa or print) MARCEL J.	MOREAU DEATH Jan. 31, 19 62
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ı		July 26,1902 59 st birthday) yrs. Months Day Hours Min.
1	10a. USUAL OCCUPATION (Giva kind of work   1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
J	dona during most of working lifa, even if ratirad) Electrical Engineer	Paris, France USA-Nat.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	Alphonse Moreau	Eugenia Maitralain
١	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT WIFE Address
ı	(Yas, no, or unkown) (Ifyas giva war or datas of service) NO 577-09-3764 Cha	arlotte Moreau Same as #2
ı	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y: Coronary Occi	Lusion Found dead
ı		in bed.
ı	DUE TO	
1	Conditions, if any, which (b)	
1	(a), stating the underlying DUE TO	
ı	causa last. (c)	T DELATED TO THE TENHINA DISCASE COMPLETON ON THE ACT OF THE TENHINA DISCASE OF THE TENHINA
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
١	V Company of the comp	YES NO X
ı	PRIMARY Or CONTRIBUTING	ntar natura of injury in Part I or Pert II of itam 18.)
ı	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLA Hour a.m. While Not While factor factor at work at work	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata)  ry, street, offica bldg., atc.)
ı	21. I certify that I took charge of the remains described above, he	d an Autopsy . Inspection X, Inquiry X, and in my opinion
ı	death resulted from: Natural causes X, Accident , Suici	
ı	1	CHIEF MEDICAL EXAMINER
ı	ACTUAL TOUR OF BUTTACET	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE JOHN 9-1 SWITCH	DEPUTY MEDICAL EXAMINER Jan. 31, 1962
1	EXAMINER'S FRANK J BROSCHART	Addrass (Streat, city, town, or county)
ı	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 2/3/62   Cedar Hill C	emetery Suitland, Maryland
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D 8Y REGISTRAR   24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey, Bethesda, Mary	land DATE FEB 5 '62 avidur & King
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### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) director. Postour files. COUNTY MARYLAND emeri c. LENGTH OF STAY IN 1b JO,A, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS Damitanum DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work ve Pages 1, 2 PM3. Page during most of working life, even if retired) Machine pages 1 Cleaner 13. FATHER'S NAME Give File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. for unkown) | (If yes give wer or detes of service CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immadiate causa DUE TO (a), steting the underlying causa fest. nsed CERTIFICATION 20c. TIME OF INJURY Month, Day, Year While Not While Hour e.m. the ... at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy forwarded to DIRECTO death resulted from: Natural causes Accident Suicide Homicide the designated ACTUAL FUNERAL SIGNATURE S EXAMINER'S DEPUI should NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 040 p Burial Nat'l. Mem. Park

VS. AISME

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gomeru CITY OR (OWN (If outside corporete limits, write RURAL en e. IS RESIDENCE ON A FARM? Harding YES NO OF\_ DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ONSET AND DEATH sudde PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 200. EXTENALCAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

CAUSE OF DEATH. NO 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Inspection X Inquiry X and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (State) Falls Church, Va. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS JAN 2 9 '62 arthur & Krous Goldberg Funeral Home 4217 9th Street N.W. DATE

STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Woodacres Woodacres e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 6008 Cobalt Road Cobalt Road 6008 completely 3. NAME OF Last 4. DATE Yeer Middle Month OF DECEASED 62 (Type or print) DEATH 26 19 Bert Morrow Jan 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Hours WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Post Office Dept. Towa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Lillie Lindquist A. M. Morrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Nella Morrow-Wife-same 2d WW None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) astares to retroperatoral glands DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as NO use 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from wash 2.5. 1961, to. saw the deceased alive on., 22e, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF V23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0:58 /62 Rockville Maryland Burial Parklawn Cemeterv 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)c arthur S. France 15M 7/61 Bethesda, Maryland DATE A. Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence Before Edmission) e. COUNTY b. COUNTY in by the f s 1 and 2 s ter death Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Wheaton Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3702 Randolph Road 3702 Randolph Road YES NO T 3. NAME OF First 4. DATE Middle Last Month DECEASED ALICE MUMME (Type or print) 1962 DEATH January 7. 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Female WIDOWED DIVORCED Oct. 13, 1901 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Sears Roebuck & Co. Kentucky USA please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending William Hampton Belle Blair 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) 578-16-1247 Wm. J. F. Mumme-Item# 2 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Edema 6 hrs Carcinoma overies with generalized metastasis 4 mon. Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (I) (this bospital) attended the deceased from Nov. 5. 1961, to Jan. 7. 1962, that (I) (We) last 22e. SIGNATURE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS death. Pa NAME (Type) Fessenden St., N.W., Washington, D.C. Andrews 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 0.48 EMOVAL (Specify) 1/10/62 Parklawn Rockville, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4). DATE JAN 1 1 '62 Tyson Wheeler Funeral Home-1331 E. Montg. Ave. Chiller S. Thomas 15M 7/61 Rockville. Maryland

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certificate

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a. COUNT		e <b>r</b> v					a. STATE	ACE (Whele of	b. COUI		Kasidend	e Detote	admissi
		outside corporate lim	ite	Le IENG	MARYL.		c. CITY OR TOWN	ryland	acata limite well	Ula PURAL SE	13/	111	70
write I	RURAL end	give nearest town)	,,,				c. ciri ok rown	(ii ouiside corp	orare ilmins, writ	e KUKAL and	a give n	1 /1 2	wn)
d. NAME	hesds	(Rural) AL OR INSTITUTION	lif not in h		10 days		d. STREET ADDRESS	erstown			di	100	ESIDEN
						3)	G. STREET ADDRESS	,					A FAR
U.S. NAME O	laval	Hospital,	Beth	esda,	Md.			on Blvd		No Married		YES	NO
DECEAS	ED	First			Middle		Last	4. DATE OF	Mont	h	Dey	Yee	r
(Type or p	rint)		imon		rome		Murphy	DEATH	Januar		6	19	62
5. SEX		6. COLOR OR RACE	7. MARE	RIED NE	VER MARRIED	8. D	ATE OF BIRTH	9	. AGE (In years last birthday)			IF UNDE	
Male		Caucasian	WIDOY	WED 🔲	DIVORCED)	CI Fe	bruary 27	,1890	71 yrs.	Months	Days	Hours	Min
Oa. USUAL	OCCUPATH	ON (Give kind of working life, even if retire	k   10b.	KIND OF BI	USINESS OR I		1. BIRTHPLACE (Con		foreign country)	12. CIT	IZEN OF	WHAT	COUNT
	S. NE		90)				Pennsylva	ania			US	SA	
13. FATHER'S		J				14.	MOTHER'S MAIDEN				-		
	134774	om Mumber					Tuest	Palmer					
5. WAS DEC	EASED EVE	am Murphy	RCES?   10	6. SOCIAL S	SECURITY NO	17. INF	DRMANT	raimer	Address	Hor		.01.70	Ma
Yes, no, or u	nkown)   (If	yes give war or detes of:	service)									own,	IAC
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I IB. CAT	ISE OF DI	EATH lenter only on	Salite De	u line for (a)	(b) and (a)	Agne	s Balmond	(Siste:	r) 1032	Hami			
		EATH Enter only one	cause pe	or line for (e)	, (b), and (c).	Agne	s Balmond	(Siste:	r) 1032	2 Hami	INTE	RVAL BE	TWEEN
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	T I. DEATH	WAS CAUSED BY:				]		lung,		sm	INTE	RVAL BE	TWEEN
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATT VDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho fitse death. Pair 4 may be death by the hospital or attending physician.

Yes TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery llinois MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town within 24 185 Days Waukegan Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 516 Oakwood Street The Clinical Center 3. NAME OF Middle 4. DATE DECEASED (Type or print) HELEN CHARLOTTE MURRAY DEATH January 12. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthday) February III. Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Indiana Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bert Magness Nancy Brown 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) The Clinical Center, Bethesda lh, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: Pulmonary Embolus, suspected IMMEDIATE CAUSE (e) DUE TO Malignant Carcinoid with Metastases geve risa to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' Month, Dev. Year 20f. (City or town) factory, street, office bldg., etc.) Hour am While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from July 11, ..., 19 61 to January 12, 19 62 that (1) (we) last 22a. SIGNATURE ATTENDING DIRECTOR ☐ PHYS. 🔁 January 12. 1962 The Clinical Center, National William B. Kremer Institutes of Health, Bethesda ll, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) MOVAL (Specify) の音器

IS RESIDENCE ON A FARM?

YES NO

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ONSET AND DEATH

18 months

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25b. REGISTRAR'S SIGNATURE

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00888		CERTIFICAT	E OF DEATI	1		00	880	
1. PLACE OF D a. COUNTY Montgome	ry		MARYLAND	a. STATE Californ		b. COUNTY		ence before	admission
b, CITY OR TO	OWN (if outside corporata limits AL and giva nearast town)	i,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, writa R	URAL end giv	a nearast to	wn)
Bethesda		200	37 days	Lancaste	r		43	X.3	
d. NAME OF	HOSPITAL OR INSTITUTION (if	not in hospit	el, give street eddress)	d. STREET ADDRESS					RESIDENCE
The Clin	ical Center, I	Bethese	ia li, Md.	45051 Re	dwood Ave	nue			NO
3. NAME OF DECEASED (Type or print)	First Bernic	e	Middla Ruth	Muscardine	4. DATE OF DEATH	Month Januar	Da		62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF	UNDER 1 YEA	R IF UNDE	ER 24 HRS.
Female	White	WIDOWED	DIVORCED	June 8, 192		birthdey) A	Aonths Days	Hours	Min.
IOe. USUAL OCC	CUPATION (Giva kind of work	10b. KINI	O OF BUSINESS OR INDUST			gn country)	12. CITIZEN	OF WHAT	COUNTRY
	of working lifa, aven if retiradervice Employee	TT C	S. Air Force	Te	xas		U.S	S.A.	
13. FATHER'S NA	WE THE TO JUST THE	,		14. MOTHER'S MAIDEN	NAME				
John Ale	ck Griffin			Zura Ida	Grogan				
	ED EVER IN U.S. ARMED FORCE	ES?   16. SC	OCIAL SECURITY NO. 17.			ecdra	-		
No.	vn) (If yes give wer or datas of se.	I VICO)		e Clinical C			The Ma	rvlan	b
18. CAUSE	OF DEATH [Enter only one							NTERVAL BI	ETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cardi	ac Arrest.					3 hour	
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Conditions	The Marie .							5 hour	ra
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causa last.	(c)	pulmon	nital heart d ary venous dr	ainage and a	trial sep	tol de	Teco.	40 ye	
20e. ACCIDE OR CONTRIBU	STHERS IS MINES AND IT		eted); persis					PERF	ORMED?
20e. ACCIDE OR CONTRIBU	NT WAS UNDERLYING   UTING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURE	D. (Enter natura of injury in	Part I or Part II of it	am 18.)			
20c. TIME O		20d, IN While et work	Not While fac	ACE OF INJURY (Home, far. story, streat, offica bldg., etc		own)	(County)		(State)
	ify that N (this hospital ecgased alive on Janu								
22a. SIGNA	4	1		ATTENDING	MED S	TAFF	anuary	22	b. DATE
22c. PHYSICI NAME		. Ande	rson	Institute	ne Clinic s of Heal	al Cent	thesda	ation	al d.
Removal (SI	EMATION, 23b. DATE THERE		23c. NAME OF CEMETERY		Deport	N (City, town	or county)		(Steta)
24 FUNERAL DIR	ECTOR'S SIGNATURE	20.07	ADDRESS	NT Tol 25e. RE	C'D BY REGISTRAR	25b. REGIS	STRAR'S SIGN	ATURE	4
The S.	H. Hines Co	2901		N.W. DATESA	N 1 6 '62	(1 .4			
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MARYLAND STATE DEPARTMENT OF HEALTH USTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY MONTGOMERY MARYLAND MARYLAND HOWARD b, CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) within 24 SYKESVILLE OLNEY HR. 25 MIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MC KENDREE ROAD YES Y NO GENERAL HOSPITAL 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH HERBERT HOBBS JANUARY 31 19 62 MUSGROVE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Min. MALE 1-28-92 WIDOWED DIVORCED 7 Ayrs. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED FARMER U. S. A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEPHEN WASHINGTON MUSGROVE NELLIE LOUISE HOBBS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) (NOWN 214-28-0131

18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).] OLNEY, MARYLAND HOSPITAL RECORD INTERVAL BETWEEN CEREBRAL HEMORRHADE I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, geve rise to immediate cause DUE TO (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 1962 and that death occurred ab.: 45%, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING. MED. Went wher 17. 12 PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type CHARLES S. WHITAKER, M.D. CLARKSVILLE. MARYLAND 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0:58 Harmony Cemetery Howard County 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arilar S. Thanks Waltz, Winfield, 15M 9/60 DATE

THAT YEAR . HERETE . HE I HERRERT HORRE LUNGSONS LANGERY STRONG PERMET PLANTS OF THE STRONG POTENTIAL ABOUTE AMAIYAAN AYEMIA Shoosaa Latinach 1510-45-4100

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CHARLES O. MILTARER, M. D.

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The law requires that the death certificate be executed within 24 ho. After this certificate has been signed by the attending physician and completely stached for use as the burial-transit permit. Then please remove carbon papers, of Health prior to burial, cremation, or removal, and in any event, within 72 ho the hospital or attending physician. death. Pf. 4 may be death the hospital or attending physicis.

TO FUNE. DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transit per be filed with the State Dept. of Health prior to burial, cremation, or

VR A15 (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH				2. USUAL RESID	ENCE (When			esidence b	efore ed	imission)		
	Montgo	marru		MARYLAND	e. STATE	STATE     B. COUNTY     Florida							
	b. CITY OR TOWN (i	f outside corporate limit give nearest town)	s,	c. LENGTH OF STAY IN 16			corporata limits, writ	e RURAL and	give near	est lown	1)		
		Bethesda		3 days	St. Pe	tershu	r cr		48	X	3		
	d. NAME OF HOSPIT	AL OR INSTITUTION (in	not in hospi	tal, give streat address)	d, STREET ADDRE						SIDENCE FARM?		
12	II S Nav	al Hospital	NNMC		2598,	46 Tem	race N.		Y		NO I		
3.	NAME OF	First	, ALLIE	Middle	Last	4. DA		h	Dey	Year			
	(Typa or print)		las	Meredith	NEAL	OF DEA	TH Jan	uary	21	1962	2		
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER :	24 HRS.		
1	Male	Cauc	WIDOWED		2 November	1906	last birthday) 55 yrs.	Months D	Days H	ours	Min.		
10	. USUAL OCCUPATI	ON (Give kind of work	10b. KIN	D OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (C	ounty & State	, or foreign country)	12, CITI2	ZEN OF W	HAT CO	DUNTRY?		
0	USN	rking life, even if retired	1)		Tenne				USA				
13	FATHER'S NAME				14. MOTHER'S MAID		***************************************		USA				
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15	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY NO.   17.		ac ALE.	Address						
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		EATH Enter only one	cause par lin	e for (e), (b), and (c).]	110		1	/		AL BETY			
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Z	PART II. OTHER	SIGNIFICANT CONDIT	ONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEA	ASE CONDITION GIV	EN IN PART	1(a) 19. V				
CATION									YES	PERFOR	MED?		
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CERTIFI	OP. CONTRIBUTING	CAUSE OF DEATH	105. 5150.	NOT HOW MADE! OCCUR	ED. Telliar Halara Of Infally		arr 11 or 110111 10.7						
3	20c. TIME OF INJUI	RY Month, Day, Yea	r   2Dd, IN		LACE OF INJURY (Home,		(City or town)	(Coun	ty)	(5	State)		
MEDIC	Hour e.m.		While	The state of the s	ctory, street, office bldg.,	etc.)							
Z	p.m.	19	at work	at work	~ O ~	(0)	0.5 =						
				ed the deceased from						. , .			
	saw the deceas	ed alive on 21	anuar	y19.62., and the	at death occured at	4::05 <sub>M</sub> , A	Mm the causes	and on th	ne date	stated	above.		
	22a. SIGNATURE	1	-	1						22b.	DATE		
	1111	and and and	1	In meur	M.D. PHYS.	MED. DIRECTOR	PHYS.				SIGNED		
	22c. PHYSICIAN'S	or provent	1	1	22d. ADDRESS								
H	NAME (Type)	P.G. Linawe	ever,	LCDR MC USN	U.S.	Naval	Hospital,	Bethes	da, M	id.			
23		ON, 236. DATE THER	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d, L	OCATION (City, to	wn or county	)	(Sta	te)		
	Burial (Specify)	1-23-62	1	Memorial			St. Peter	sburg,	Flor	ida			
24	FUNERAL OFFECTOR	S SCHATURE ME	bie	ADDBethesda	a. Md.   25e.	REC'D BY RE	GISTRAR 256. RE	GISTRAR'S SI	IGNATURE		-		
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### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 00891 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND by the b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva naarest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO L completely NAME OF DATE First Middle Day Month Yaar DECEASED OF (Type or print) DEATH 19 and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRT 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED 14 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRIHPLACE (County & State, or foreign country) Wisconsin 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Trade-Chicago, Ill MOTHER'S MAIDEN NAME Retired - Board of 13. FATHER'S NAME ding p John Nehring Minnie (unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yas, no, or unkown) | (If yas give war or datas of service) 4225 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying causa last. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU PERFORMED? NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (his hospital) attended the deceased from Nov. 9 1961, to Canuary 6, 1962 that (1) (was) last krnu saw the deceased alive on. 22a. SIONATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS. M.D. O HOSPITAL death. Page 22d. ADDRESS director, be filed OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or sounty) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) . Lincoln crematory Prince Georges Md. S L Cremation ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE JAN 9 Wash 9. S.C

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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a. COUN					2. USUAL RESIDENC	E (Where d		If institution COUNTY	n: Residence b	efare admissio	n)
1		Montgomery	, MAI	RYLAND		rylan		. COUNTY	Mont	gomer	7
b. CITY O	R TOWN (If aut	side carporate limits, wr t tawn)	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	- 100					
	Kensir		4 mos.				R Sil	ver S	pring		
d. NAME	OF HOSPITAL (	f not in hospital, give st	reet address)		d. STREET ADDRE	ESS				e. IS RESID	
		on Gardens	Sanitori	um	1915	Glen	Ross	Road		YES 🗌	NO
3. NAME OF		First	Midd	lle	Last		DATE	Manth		Day Ye	ear
DECEASEI (Type or p		Sall			Nelsdr		OF DEATH	_			
				-		11 .		Jan		29 1	962
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13. FATHER'S					14. MOTHER'S MAI						
T	Dh477	in The send			7.1						
		ip Fogar		10 17 1815	Johan			O A A John			
(Yes, no, or unk		U. S. ARMED FORCES?, give wor or dates of service)	16. SOCIAL SECURITY N	10. 17. INI			phard			-	
No	)		None	Mrs	. Lewis	Phel	ps-S1	ster-	Chevy	Chas	e, M
18. CAL	JSE OF DEATH	[Enter anly ane cause p	er line far (a), (b), and (	c).]						NTERVAL BET	WEEN
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	tians, if any, rise to imme		exercis	Jue	Lace A	too	100		~		
	a), stating the	DITETO									
lying	ause last.	(c)			·						
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20g. AC	CIDENT WAS U	NDERLYING 1 20b.	DESCRIBE HOW INJURY	OCCURRED	(Enter nature of inju	ry in Part I	ar Part II af it	tem 1B.)			-2/
☐ OR CON	TRIBUTING 🔲	CAUSE OF DEATH						9 9			
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21 1 66	ertify that (	(this hospital) at	ended the decease	d fram		1057	, igasa	29	1967	that (I) /w	(a) last
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220.00	4	2	0		ATTENDING V	MED.	_ STA	FF _		. / .	SIGNED
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		Mariby	Bankhe	ad	<u> </u>	Sili	181-	5.1	71-11	79 /	1d
		23b. DATE THEREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d.	LOCATION (C	ity, tawn, a	r caunty)	(State	)
REMOV	AL (Specify)	2/1/62	Et Tin	coln	Cemeter	37	Princ	o Con	orge (	lo. Md	
	DIRECTOR'S SIG		ADDRESS	COLI		REC'D BY			TRAR'S SIGNA		-
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Robe	rt A.	Pumphrey,	Bethesda,	Mar	yland DAT	IE STATE	1 162	0	when S.	Harme	
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00893 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) 21 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 88 Hollingsworth Manor The Clinical Center. Bethesda lk. Md. YES NO. 4. DATE Month DECEASED 19 62 16 (Type or print) (None) Newton DEATH January Ralph 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH 1880 IF UNDER 24 HRS. ast birthdey) Male WIDOWED TE DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Michigan Carpentry U.S.A. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (First name unknown) Clark John Newton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records (Yes, no, or unkown) | (Ifyesgive werordetes of service) Unascertainable The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Bronchopneumonia . bilateral 1 Week 4 Weeks (b) Acute Myelogeenous leukemia gave rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Gastric ulcer NO F 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) (Stele) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. et work at work 21. I certify that 1 (this hospital) attended the deceased from December 26, 1961, to January 16, 19.62 that 1 (we) last .19.62., and that death occured at... 9.1304Mm the causes and on the date stated above. saw the deceased alive on January 16 22a SIGNATURE 22b. DATE ATTENDING SIGNED STAFF 1-16-62 DIRECTOR The Clinical Center, Frederick H. Welland, M.D. Institutes of Health, Bethesda lh. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. 19/62 West Laurel Hill Cemetery. Philadelphia. Pa. 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Trace 15M 9/60

SHELVERY President Co. 22 de c hinsailteit the Clinical Sector, tetresus 11, Mg. 65 Hollingstorth Masse Armusal. codyme (sach) squal Male white x x define 27, 1839 22 x) and the second (Direct game unicarda) Claric 51 05 [20 109] mil instantable The Minist Cealer, lettered it hard the 1 Money farmitalo . alnompangonoma nikeate legiowannus leukents Castista viene x December 25 61 January 16 62 x w and Tan The Ulingar Contur, Mattonal restrict H. Welland, M.D. Tortitates of meelth, Setherda lit, Md. a ker lal 1/10/62 West Laurel Elll Cemetery, Ellefaldit, Es.

		DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, M TE OF DEATH	ARYLAND UUSSE
40)		PLACE OF DEATH  b. COUNTY	2. USUAL RESIDENCE (Whara dacaasad livad, If institution	n: Rasidenca bafora admission
		Montgomery Marylan	a. STATE Maryland b. COUNTY MC	ontgomery
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporata limits, writa RURAL	and giva naarast town)
		Bethesda 3 hours	X Rockville	
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENC
1		Suburban Hospital	324 Cedar Lane	YES NO
I		NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer
I		(Typa or print) James Douglas	Nuse Jr. OF DEATH 1	31 19 62
ı	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDE	
l	7	Male White WIDOWED DIVORCED	1/31/62 last birthday) Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IND		CITIZEN OF WHAT COUNTR
1	do	na during most of working lifa, avan if retirad)	Marriand 1	U.S.A.
١	13.	FATHER'S NAME	Maryland	0.0.n.
ı		Towns Davids Nors Co.	Lois Pace	
	15.	James Douglas Nuse, Sr.  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	7. INFORMANT Addrass	
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l	-	18. CAUSE OF DEATH [Entar only one cousa per line for (a), (b), and (c).]		INTERVAL BETWEEN
I		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  A Telecto	212	ONSET AND DEATH
ı	of 2 Mr			
ı		Conditions, if any, which (b) Prema	ナーナ	25 hrs
ı		gava risa to immadiata causa	way	20
ı		(a), stating the underlying DUE TO		
I	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	A NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN B.	APT 1(-): 10 WAS AUTORS
	10 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	CERTIFICATION	On ACCIDING WAS INDEBUNING TO LOND PROPERTY OF THE PROPERTY OF	IDED (F.)	YES NO .
	ERTI	OR CONTRIBUTING TI CAUSE OF DEATH	JRED. (Entar natura of injury in Part I or Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INTURY (III	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Whila Not Whila	PLACE OF INJURY (Homa, farm, 20f. (City or town) (Catory, streat, office bldg., etc.)	County) (Stata)
	ME	p.m. 19 at work at work	30 15	
		21. I certify that (I) (this hospital) attended the deceased from	om 3 1 7 62 7, 19 , to 10 PM,	1960 that (I) (we) la
		saw the deceased alive on 10 PM 31 79 62 and	hat death occured atM, from the causes and o	n the date stated above
	4	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGN
		Trancis & Irolndla	M.D. PHYS. DIRECTOR PHYS.	
		22c. PHYSICIAN'S NAME (Type) FRANCIS ) TRUENDLE	809 Viers Mill Rd, Rec	trille Md
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	RY OR CREMATORY 23d, LOCATION (City, town or co	unty) (State)
	1	Bennal 2-2-62 Park He	ghts Brunswich	mes.
		FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
ı	6	Feel Funeral form forumine	h mol DATE FEB 6 '62 Chulung	1 S. Thoma
ı	-			

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) a. COUNTY # b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown write RURAL and give negrest town) Since 2-12-61 CN within NAME OF HOSPITAL d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION (if not in haspitel, give streat addrass) ON A FARM? YES NO completely 3. NAME OF DATE Middle Month Year DECEASED OF DEATH (Type or print) 5. SEX 9. AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) and Months Hours White Female WIDOWED certificate physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Bolder, Colorado Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 attending Then please and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the removal, (Yes, no, or unkown) | (Ifyes givewer or dates of service) John R. Parce 3906 Washington st. Kensington, Md. None No physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN reptured Abdomin Aurtic Aneny PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed the burial-transit DUE TO affending has been gave risa to immadiate ceuse DUE TO (a), steting the underlying cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED as NO use 2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF HUJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED I 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... 22 and that death occured at 1.37 M from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS. death. Page IO FUNERAL director, page be filed with 1 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) George 10.511 Summit Ave., Kensington, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Prince George County Maryland 1-8-62 Fort Lincoln Burial 8434odesorgia Avenue 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Silver Spring, Md. Cathur S. Thank Inc. DATE JEN

MARYLAND STATE DEPARTMENT OF HEALTH

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Copdon S. Rosenberger, M.D. 310 W. Montgomery Ave, Rockyllie, Md.

Hobert A. Pumphrey, Betnesds, Maryland . Jan's vo

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND New Jersev b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Atlantic City days Rethesda d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14, Md. 534 Spring YES NO TX Lane 3. NAME OF 4. DATE Month DECEASED DEATH (Type or print) Coletta Denise Peeler 19 62 January 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) June 19, 1961 WIDOWED T DIVORCED Female Negro 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) U.S.A. New Jersev Child None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Mildred Louise Tharpe Dodson Louie Peeler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records (Yas, no, or unkown) | (If yas give war or detas of sarvice) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arrest, operative IMMEDIATE CAUSE (a) l Hart Disease - Ventricular Septel gave rise to immadiata causa (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERSORMED? 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Not While Whila et work at work 21. I certify that (Kithis hospital) attended the deceased from December 17., 1961, to January 9..., 19.62, that (IX (we) last saw the deceased alive on...January...9.....19.62., and that death occured at 10:40 Aum the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYSICIAN'S NAME (Typa) The Clinical Center. National Richard P. Anderson, M.D. Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0:53 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS VR A15 (4) arthur S. Kraus Home, Enc. 389-K. 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

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## RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY MARY And Ment gamerey c. CITY OR TOWN (If outside corporate limits, write RURY and give neerest town) MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) TAKOMA SILVER PARK . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital d. STREET ADDRESS ON A FARM? YES NO 6 NAME OF OF DECEASED DEATH (Type or print) 1962 Anunky AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED NUARY 22. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U. S. A. House wife e Rm Mnu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO F 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from..... .....1962, and that death occurred at 3.AM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles R. Shultz, M.D. Tanager Lane, Simpsonville, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete)

SIGNED

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FUNERAL BIRECTOR'S SHENATURE

FOR STATE WEALTH DEPT. director. Page your files. is necessa TO DEPUTY TEDICAL

MINER: This certificate should be executed within 24 hours after death. If any delay please exec.

As certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be "goveraced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State bor its designated agent, prior to burial, cremation, or removal, and in any event within 72 pour after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10899MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	MONT GOMERY MARYLAND	MARYLAND PRINCE GEORGES
V	b. CITY OR TOWN (if outside corporele limits, write RURAL and give secret town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TAKOMA PARK DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	SILVER SPRINGS 16572
	WASH SANITARIUM & HOSPITAL	8439 12 th AVENUE YES NO X
1	3. NAME OF DECEASED A First Middle D	Last 4. DATE Month Day Yeer OF
	(Type or print) GENEVIEVE CIBIT	lummer DEATH 10 1962
1	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MAR D   8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    last birthday)   Months   Days   Hours   Min.
1	DIVORCED DIVORCED	JCT. 18 1882 79 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y II. BIRTHPLACE (Stete or foreign country)
	HOUSEWIFE	14. MOTHER'S MAIDEN NAME
1	THEODORE ILINGARD	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, 1	Unknown Address Address
ı	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	ARVEY HAUN 8439 12th AVE SPRING
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTEL TIMOTO TO I TOUR JULE SPRING
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Secons	ONSET AND DEATH
	4) A DUE TO	Collapse O
	Conditions, if eny, which (b)	in Le
1	geve rise to immediate cause	
	(a), stating the underlying cause last. (c)	
1		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2De. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH	Enter neture of injury in Part I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fect p.m. 19 at work at work	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suic	ide, Homicide, Undetermined manner
1	4 1 B	CHIEF MEDICAL EXAMINER
	SIGNATURE Trank & Michael	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S FLACK T. BAUSCIS NA	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
4	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	
	Removal 1/12/1962 Coles Cemete	erv Derry. Pennsylvania
1	23. FUNERAL DIRECTOR 7 ADDRESS # S	7.71 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Il S. H. Hines Co. 2 mochinator	J.C. DATE JAN 15 62 arthur & trous
P.		A. THANK

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before admission) a. COUNTY b. COUNTY e. STATE Montgomery MARYLAND Montgomery b. CITY OR TOWN (if outside corporata limits, and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give naerest lown) write RURAL and give nearest town) Š 17220 Colesville Road Days Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Belmont Nursing Home Carroll Avenue completely papers. 3. NAME OF 4. DATE Month Dey Middle DECEASED OF (Type or print) DEATH 62 VIRGINIA ROBERTA January carbon 9. AGE (In years ) IF UNDER 1 YEAR with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH lest birthday) and Months Min. Days Hours Female WIDOWED [ DIVORCED event, 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington D. C.

14. MOTHER'S MAIDEN NAME Homemaker 13. FATHER'S NAME Robert Clarvoe Jennie Lomb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordates of service) TERVAL BE 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, geve risa to immediate ceusa DUE TO (a), stating the underlying ceuse lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CATION PERFORMED? 0 CERTIFIC 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory street, office bldg., etc.) at work et work 19 p.m DIRECT saw the deceased alive on... and that 22e. SIGNATURE DIRECTOR PHYS. HOSPITAL Page FUNERA 22c. PHYSICIAN'S NAME (Typ 23d. LOCATION (City, low 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Washington. Rock Creek Cemetery 0 Buria 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIG VR A15 (4) 254 Carroll St. N.W. Wash, D. CAR JAN 1 7 '62 15M 9/60 arthur & Kines

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 00901 PLACE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	. COUNTY Montgo	omery	MARYLAND	a. STATE		b. COUNTY	cosigonice ball	/
	. CITY OR TOWN (if outside c	corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporata l	imits, write RURAL and	give nearast	town)
	Silver Sprin		·6 mo.		ngton, D.	2.	+1x.	3
	. NAME OF HOSPITAL OR IN	STITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				S RESIDENCE
I	eDeau Garder	ns Nursi	ng Home	3600 Conn.	Ave., N. W.			NO E
	NAME OF	First	Middla	Last	4. DATE	Month	Day	Year
	DECEASED (Type or print) Mary	Morgan	Purd	on	OF DEATH	Tonnon	20	1962
5.				B. DATE OF BIRTH		January (In years   IF UNDER 1	YEAR I IF UN	IDER 24 HRS.
-					_last	1 1 1 1 1	Days Hou	
		ucas 1 amoo		Oct 19, 18		угз.		
do	. USUAL OCCUPATION (Giva	kind of work 1Db	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co.	unty & State, or foreig	n country) 12. CIT	ZEN OF WHA	AT COUNTRY
	brarian-Ret.			Nebraska		USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDER	NAME			
X	riex8xxx8daix (	George H.	Morgan	Mary	Brownson			
15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	s, no, or unkown) (Ifyasgivawa	arordatasotservice)	579-07-4797 M	ma Emadamiala	On black	Dielennen	Mamala	
1	18. CAUSE OF DEATH [En	nter only one cause r		rs Frederick	Guineim,	DICKETSON,		BETWEEN
	PART I. DEATH WAS CA	ALICED BY						ND DEATH
		TE CAUSE (a) A	cute Congesti	ve Heart F	ailure		24	hrs.
	4-01 V	DUE TO					4 mg	
	Conditions, if any, which	) (b) Pi	ulmonary Embo	lism			Sta	at.
	gava rise to immediata causa	DUE TO						
	(a), stating the underlying causa last.		moumonia Pro	mah tal			0 =	
_			neumonia, Bro		UNIAL DISEASE COND	ITION CIVEN IN DADT		lays
FICATION	PART II. OTHER SIGNIFICA	ANI CONDITIONS	CHIRIDIING TO DEATH BOT IN	OI KELATED TO THE TERM	MAL DISEASE COND	IIION GIVEN IN PAKI		RFORMED?
4							YES [	_ NO [
U	2Da. ACCIDENT WAS UNDER	OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	n Part I or Part II of ita	m 1B.)		
CERTIFIC	OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL	EXAMINEK)						
CERTI	(IF EITHER, NOTIFY MEDICAL			ACE OF INJURY (Home, fa		wn) (Cou	nty)	(Stata)
CERT	(IF EITHER, NOTIFY MEDICAL	onth, Day, Year 20	/hilaNot While fac	ACE OF INJURY (Home, factory, streat, office bldg., a		wn) (Cou	nty)	(Stata)
MEDICAL CERTIFIC	(IF EITHER, NOTIFY MEDICAL  20c. TIME OF INJURY Mon Hour a.m. p.m.	onth, Day, Year 20 W	/hila Not While fac	ctory, streat, offica bldg., a	(c.)			
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in by the funeral s 1 and 2 should death. The law requires that the death certificate be executed within 24 Then please remove carbon papers. may be read by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely a 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 horest

DING PHYSICIAN:

OR

director, page to be filed with the TO HOSPITAL death, Page TO FUNER. VR A15 (4) 15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE Film G305 a. COUNTY Montgomery

b. CITY OR TOWN (if outside corporete limits, 4 5 P MARYLAND c. LENGTH OF STAY IN 16 þ write RURAL and give negrest town) within 24 Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) The Clinical Center, Bethesda 14, Md. completely DECEASED (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, avan if retired) Child None 13. FATHER'S NAME death James R. Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to Immediate causa DUE TO (e), steting the underlying se o 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer MEDI Hour a.m. Whila Not While at work at work p.m. 22a. SIGNATURE S O M.D. 22c. PHYSICIAN'S NAME (Type) William T. Butler, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jan L Buria VR A15 (4) Etchison & Son, Frederick, Maryland 15M 9/60

## ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmiss e. STATE b. COUNTY Marvland Frederick c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Frederick e. IS RESIDENCE ON A FARM? YES NO TO DEATH January B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Louise Pinney 17. INFORMANT The Medical Record The Clinical Center. Bethesda 14. Maryland ONSET AND DEATH Bilateral bronchopneumonia 2-4 Weeks 21 Years Cystic fibrosis of pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO F 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of itam 18.) 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from December... 26..., 1961, to. January...1..., 1962, that (I) (we) last saw the deceased alive on January 1 19 62, and that death occurred at 300 Mrom the causes and on the date stated above. ATTENDING SIGNED 1-1-62 PHYS. T inical Center, National Institutes of Health, Bethesda 11, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Gunt Olivet Cemetery Frederick. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 18 N 4 62

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**CERTIFICATE OF DEATH** Reg. Dist. Na.) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND MONIGOMER b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First 4. DATE Middle Lost Month Day Year (Type or print) DEATH 196 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED M WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoje or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OKSEWIT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME annIThunsen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 511L 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) minutes DUE TO Conditions, if ony, which munul gove rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram. 12-2 ... 1962 that I last saw the deceased and that death accurred at be LPM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b, REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY nigomeru MARYLAND bashing ton and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) by 23 days Koma Washing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Jan 196 2 Knowa ers ician and con nove carbon event within 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED | nale physician 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if retired) Sheet Metal Worker Rhode Island U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME Jose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give wer or dates of service Wash. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUETO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 2Dec RLACE OF INJURY (Home, ferm, ) 20c. TIME OF INJURY 2Df. (City or Mwn) Month, Dey, Yeer (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from any 19 6 Zthat (I) (we) last 10/ and that death occurred at SOM, from the causes and on the date stated above; saw the deceased alive on .... 22a SIGNATOR 22b. ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d/LADDRESS HAVE (Type) Kenneth Laughlin 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0:5 Gate of Heaven Montgomery County, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) C The S.H. Hines Co. -2901 14th St., N.W. DATE AN 2 6 '62 1SM 7/61

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RYLAND STATE DEPARTMENT OF HEALTH

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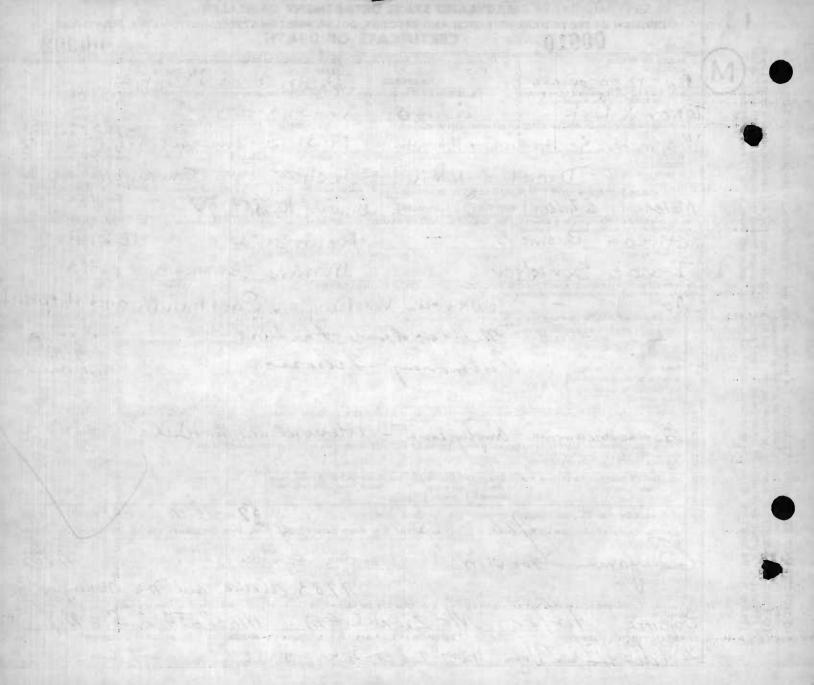
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 24/62-mnb funeral funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY\_ b. COUNTY the day MARYLAND death. b. CITY OR TOWN (if outside corporate and NGTH OF STAY IN 16 (H-putsida corporata limits, write RURAL and give nearest town) þ write RURAD and give searest .⊆ d. NAME OF HOSPITAL OR d. STREET ADDRESS e. IS RESIDENCE INSTITUTION (if not in hospital, give street address ON A FARM? YES NO completely 3. NAME OF Middla DATE 72 DECEASED OF (Typa or print) DEATH 19 carbon 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED death certificate be and st birthday) Months Hours WIDOWED DIVORCED event, physician гетоуе USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during mest of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INBORMAN (Yas, no, or unkown) | (If yas give war or dates of sarvica) requires that 0 18. CAUSE OF DEATH [Enter only one cause per line for [a]. (b), and (c) INTERVAL BETWEEN þ ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the undarlying causa last. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED as o 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH After 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) Whila Not While OR: Af Hour a.m. at work at work p.m. 19.6.1 to .19......, and that death occured at from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING > PHYS. DIRECTOR PHYS. page with t 22d. ADDRESS 22c. PHYSICIAN'S FUNERA NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b EMOVAL (Specify 0 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) DATE JAN 2 2 '62 15M 9/60 arthur S. Thans

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m P	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 00910 CERTIFICATE OF DEATH	00902
tuners	N	1. PLACE OF DEATH  . COUNTY  . STATE  D. COUNTY  D. COUNTY	dence before edmission)
and 2		b. CITY OR TOWN (if outside corporate limits, write RURAL and git	ve nearest town)
d in b	5	Takoma Park  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/eddress)  d. STREET ADDRESS  A	X 3
s.		Washington Squitavium + Hospital 1431 Sommerset Pla	YES NO
paper 72 t		3. NAME OF DECEASED (Type or print)  Danie N.M.N. Schechter DEATH January	1/ 19 6 Z
d con bon withir		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR)  lest bighday)  Months Deys  Months Deys	AR IF UNDER 24 HRS.
an an ve car vent,		Male   While   WIDOWED   DIVORCED   JANUARY 10, 1884   78 yrs.    108. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & Siete, or foreign country)   12. CITIZET	OF WHAT COUNTRY
hysici remo	,	Ketived - Business - Roumania U.	5. A.
ling palease		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  (Unknown to proper to the second to the s	atient
hen pl	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
y the nit. T remov		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
hysicianed by it perring or or	4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Myc can dral farlure	a day
ing p in sign transi	M	Conditions, if eny, which (b) Pulmonen Library.	timalia
arrend as bee burial al, cre		geve risa to immediate cause (e), stetting the underlying  DUE TO	
ate has the sthe		Z Cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)	19. WAS AUTOPSY PERFORMED?
entific use a rior to		5 Bonche precumonia - Complyen a - Centerus Clerche Heart Disease = 200. ACCIDENT, WAS UNDERLYING   20b. DESCRIBE, HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.)	YES NO
this of for		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
After Stache of He		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour e.m. 19 et work et work	(State)
FOR: be d		21. I certify that (I) (this hospital) attended the deceased from	that (I) (we) last
REC.		saw the deceased alive on 19.6 % and thet death occurred at	dete stated above
the 3 s		(Deyanin Jacuson M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. []	1/11/6
FUNER FUNER actor, pag filed with	1	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 7733 alasha din n.w. n	Vestingler !
D		23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	(State)
R A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
SM 7/61	9	Teldbereffend Home 4217-9 of ST 2. W. DATEJAN 12'62 arithur S. K.	iele A



P	DIVISION OF STATISTICAL RESEARCH AND RECORD		MEALTH STREET, BALTIMOR		
=	PLACE OF DEATH		CE (Where decessed lived, If		903
	Montgomery Marylan	e. STATE	b. coul		pelote equission/
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  Bethesda  c. LENGTH OF STAY IN	c. CITY OR TOWN (	If outside corporete limits, writ	e RURAL end give nee	erest town)
4-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Suburban Hospital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3.	NAME OF First Middle	508 New Y	ork Avenue	h Day	Year Year
	DECEASED (Type or print) Barah	Schoenberg	DEATH Jan	22	1962
5.	Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH ? 1882	9. AGE (In yeers last birthdey) 79 yrs.		Hours Min.
10d	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Housewife	USTRY 11. BIRTHPLACE (Cour Lithuania		U.S.	
13	. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
	Mendel Schaeffer . WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	Kale ?	ighter) Addres		
	es, ne, or unkown) (Ifyesgivewerordelesofservice) None  18. CAUSE OF DEATH (Enter only one cours per line for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Torence S Stei	pherg Silver	904 Highl Spring, Me ONSE	VAL BETWEEN ST AND DEATH
	Conditions, if eny, which gave rise to immediate ceuse (e), steting the underlying ceuse lest.  DUE TO  (b)  DUE TO  (c)	elinhe A.	3.		4
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART I(e) 19.	PERFORMED?
CERTIFIC	200. ACCIDENT WAS UNDERLYING   201. DESCRIBE HOW INJURY OCCION. CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter neture of injury in	Pert I or Pert II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e Hour e.m. While Not While et work et work	. PLACE OF INJURY (Home, farr factory, street, office bldg., etc		(County)	(Stete)
			10/2 10/2	19/23 tha	
	21. I certify that (I) (this hospital) attended the deceased from				
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	that death occured at./6			stated above
	saw the deceased alive on Jan 22 19 62 and	that death occured at.//  ATTENDING PHYS.  22d. ADDRESS	MED STAFF	and on the date	stated above
23	saw the deceased alive on	M.D. ATTENDING PHYS. 22d. ADDRESS ROCKVILLE	MED. STAFF DIRECTOR PHYS.	and on the date	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00010

ALONA

003.12	11134114
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLAND	a. STATE b. COUNTY Kansas
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	54 V 2
Bethesda (Rural) 52 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	Wichita JTA 3
of NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give straet eddress)	ON A FARM?
U.S. Naval Hospital	115 S. Rutan Street YES NO IX
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Andrew Frank	Schoeppel DEATH January 21 1962
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
WINDOWED TO DIVERSE THE	Navember 1804 67 yrs. Months Days Hours Min.
Male Caucasian   WIDOWED   DIVORCED   23	
dona during most of working lifa, evan if retired)	II. SINTH EACT (COUNTY & STORY, OF FOREIGN COUNTY)
U.S. Government Senator	Kansas USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George J. Schoeppel	Ann Philip
	NFORMANT Add Washington, D.C.
VES WWT TOXY DEATH [Enter only one cause per line for (a), (b), and (c).]	Marie T. Schoeppel (Wife) 4000 Cathedral Ave
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) PULINOTIALLY EMDOL	ism, bilateral, multiple
DUE TO	
Conditions, if any, which (b)	
gave rise to immadiate cause (e), stating the underlying  DUE TO	
cause last. (c)	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  E 2Da. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	PERFORMED?
E 2Da. ACCIDENT WAS UNDERLYING □   20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	, (chier hature of injury in Part I of Part II of Item ID.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA Hour e.m.  p.m. 19 At work at work at work	Affiliant differ alogy, are, f
	L. December, 1961, to 21 January, 19.62 that (1) (we) last
	death occured at 1255/PM om the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF \$1GNED
M. M.	
22c. PHYSICIAN'S	22d. ADDRESS
M. C. WILBER CDR MC USN	U.S. Naval Hospital, Bethesda, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) Burial 1-25-62 Old Mission	Cemetery Wichita Kansas
	WICHIOC MAIDES
washing con, D.	INN 2 4 162
Gawler's Sons Inc., Funeral Home 1756	Penn. Apere JAN 2 4 62   Cirlun S. Thrus

The law requires that the death certificate be executed within 24 completely and con attending-physician page 3 should be detached for use as the burial-transit permit. The with the State Dept. of Health prior to burial, cremation, or removal R: After this certificate has been signed by the detached for use as the burial-transit permit. PHYSICIAN: the hospital or od be OR AT 3 should TO HOSPITAL death. Pac TO FUNF director, be filed v VR A15 (4) 1SM 7/61

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00913 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery D.C. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) executed within 24 D.O.A. Bethesda Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4415 Dexter Street. N.W. Suburban Hospital YES NO X 3. NAME OF Middle 4. DATE Month OF DECEASED (Typa or print) William DEATH E. Schoolev 21 19 62 Jan. 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED pue lest birthdey) Months Male White DIVORCED Feb. 8, 1900 WIDOWED law requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & Stele, or foraign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) U.S.A. Washington, D.C. Banker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Then please Clarence E. Schooley Lizzie L. Tiffany 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we ror detes of service) 79Eleanor 0. World War 2 attending physician. as been signed by the same as above 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: 271144TES IMMEDIATE CAUSE (+) NUOERRUIA burial-transit DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CATION PERFORMED? NO V CERTIFI 2De. ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2DI. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 196.2-that (1) ( last 21. I certify that (1) (this hospital) attended the deceased from... 19.6. 2 and that death occurred at 2...M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. nenavo 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard F. Manegold 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) Arlington National O To B Arlington, Vir Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chilmy S. Thouse . H. Hines Company-Washington. D. C. DATE JAN 23 '62 15M 9/60

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Clemence I. Schooley-

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Feb. 8, 1900

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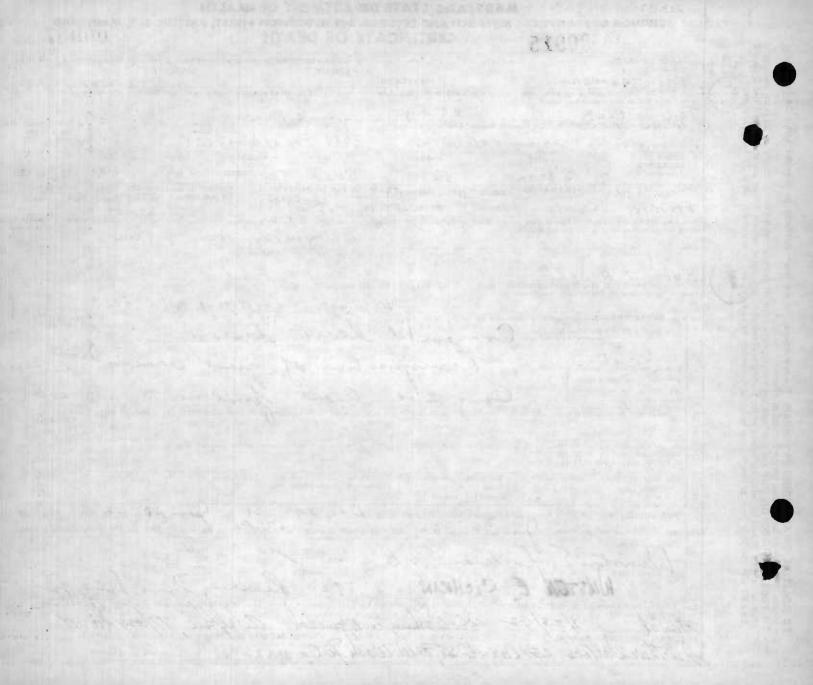
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00914 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bethesda Md. 12/2,10 mas 120 d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X OCN GRESSIONAL NAME OF 4. DATE Middle Last Manth Year filled OF DEATH (Type or print) 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED lost birthdoy) Manths WIDOWED IX DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) reiet of Golymbia arcss maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Scarge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND PEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while at wark at wark p. m 21. I certify that (1) (this hospital) attended the deceased from 3-1-60 19 1962, that (1) (we) last 19(2) and that death occurred at 36 M, from the couses and on the date stated above. sow the deceased alive on. 22a SIGNATURE SIGNED ATTENDING PHYS. MED. M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (Stote) REMOVAL (Specify) Washington, Congressional Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE 25h. REGISTRAR'S SIGNATURE Ser Washington, D. C VR A15 (4) DATE JAN 1 5 '62 Orthun & Kraus 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00915 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY the d montgomery MARYLAND c. CITY OF TOWN (If outside corporate limits, write RURAV and give neares town) maryland pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 þ write RURAL end give nearest town) -22 days Jakoma Park Takama d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Flower Washington Sanitarium + Hospital YES NO 3. NAME OF Middle 4. DATE Month Dey Year DECEASED Jan (Type or print) Silena 20 Seek DEATH 1962 LE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4 B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days remale WIDOWED DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired md. cl. 5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending FUERETT R. SECK | CARO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Carol M. Fora (Yas, no, or unkown) | (If yes give wer or dates of service Washington San. F Hospital Record 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (Stete) Month, Day, Yeer (County) factory, street, office bldg., etc. While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from D= 29. 1961. to. 20 1962 that (I) (we) last 25 19.6 2, and that death occurred at6/15 M, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS death. Pac O FUNE CEMETERY OR CREMATORY 23d, LOCATION Mity, town or county) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) 0:0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Civilius S. Thank

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		00310	2 0.1 22.4
		PLACE OF DEATH  a. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where degeased lived. If institution: Residence before admitsion) a. STATE b. COUNTY
j		b. CITY OR TOWN (If ausside carporate milts, write RURAL and give hearest town	c. CITY OR JOWN (If autside carporate limits, write RURAL and give nearest tawn) 42 8 en 5 1 new force
4		d. NAME OF HOSPITAL (If not in baspital, give street andress Suburban OR INSTITUTION Hospital	3824 - Warner 3+ e. Is RESIDENCE ON A FARM? YES NOW
		NAME OF DECEASED (Type or print)  Total A Ho T	Last 4. DATE Month Day Year OF DEATH Jan, 7 1962
H	2	make white WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (In years last birthday)  Manths Days Haurs Min.
	100	On USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	de Wisconson d. J. A.
OVE	13/	Wm. Hamby Feiders	Ta 5 and 1/1/000
PP RC	15. {Ye	Yes, no, or unknown) (If yes, give war or defit of service) None	egina id W. Jeiders posano
L A		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Man tion ONSET AND DEATH
WIL		Canditians, if any, which ) gave rise to immediate (b)	
AND	7	cause (a), stating the <u>under-</u>   lying cause last. (c)	
ED	FICATION	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO M
LIFI	AL CERTII	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I ar Part II of item 18.)
NOT	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while facts 19 at wark at wark	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote) ary, street, affice bldg., etc.)
NER			ath accurred at 5.20 R from the causes and on the date stated above.
CORONE		220. SIGNATURE  Sarah & Glener M  220. PHYSICIAN'S	D. ATTENDING MED. STAFF PHYS. 1/7/62
_		NAME (Type) SARAH E. GLOVER	10128 Cedar Lane, Kensington, Md.
J		3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) urial-transit 1-8-62 Spring Gree	n Cem. Spring Green, Wisconsin
	24.	A. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda,	Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 9 '62 Carling S, Krang

**PUNERAL FECTOR:** After this certificate has been signed by the ottending physicion and completely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTEND moy be retain VR A15 (4) 1SM 9/59

ECTOR: After this cer oe detached for use o

by the funeral director

PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

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RYLAND STATE DEPARTMENT OF HEALTH

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1914 VI TO FUNER DIR
(9) director, page 3 sho

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Date Caucagian - December 18, 1983 55

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George, then

Yes WIFE: Mrs. Sys D. Shine, Some as W2

W. U. Share I and W. Lindowski and Lindowski Alexander and Market Reviewski and the Company of t

Soci ,5 grammaty 2, 1962

1911:0

WIESENN P. BERTR, EF NO DEN U. S. MAYOL MODELELL, SCHENCE, MAL.

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Joseph Grwlers Sons Ind., 1756 Form. vo.16, 100

FOR STATE HEALTH DEP al director. Page your files. of Health, TO DEPUTY REDICAL AMINER: This certificate should be executed within 24 hours after death. If any delay is necess please exect the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. P 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with The State exact of Ha or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. after dèath.

> VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0918 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	CE OF DEATH UNITY Montgomery	MARYLAND	2. USUAL RESIDENCE CO. STATE Mary	CE (Where deceesed lived, If b. COUN	Institution: Resident Montgome	nce before edmission)
	TY OR TOWN (if outside corporete limits, rrile RURAL end give neerest town)	c. LENGTH OF STAY IN 16	-0 -	f outside corporete limits, write		
	Chevy Chase  AME OF HOSPITAL OR INSTITUTION (if not in hospital or institution)  A Shopp Shephard Stre	spital, give street eddress)	d. STREET ADDRESS	9		e. IS RESIDENCE ON A FARM? YES NO K
	ME OF First EASED or print) Edward	Mead St	Lest ne rman	4. DATE Month OF DEATH Jan.	Dey	Yeer 1962
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers lest birthdey)		
Reti	ring most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Virginia		12. CITIZEN C	•A•
13. TAII	Charles Thatcher She	rman	Jeane	tte G. Cropp		
	or unkown) (Ifyesgive werordates of service)		NFORMANT  Christine	Address  B. Sherman Ite		
Conc	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  dilions, if any, which erise to immediate cause stating the underlying  DUE TO	nary occlusion			12	NETWAL BETWEEN  NETWOOD AND THE STATE OF THE
NO ZOE.	PART II. OTHER SIGNIFICANT CONDITIONS COM  History of previou  EXTERNAL CAUSE WAS   20b. DESCR		ase			19. WAS AUTOPSY PERFORMED? YES NO
-	IARY ☐ or CONTRIBUTING ☐  ISE OF DEATH.  TIME OF INJURY Month, Dey, Year Hour a.m. 49 while the work of the work	Not While fector	CE OF INJURY (Home, fermory, street, office bldg., etc.		(County)	(Stete)
dea	I certify that I took charge of the renth resulted from: Natural causes		de, Homicide CHIEF MEDICAL E	Inspection Inquir Inqui	anner 🗌	in my opinion
EXA	AMINER'S ME (Type) Frank J. Brose		DEPUTY MEDICAL Address (Street, o	EXAMINER X		1-16-62
REM Bu	IAL, CREMATION, 22b. DATE THEREOF OVAL (Specify) 1-18-62	22c. NAME OF CEMETERY OR Cedar Hill Ceme	crematory	22d. LOCATION (City, town, Prince George	es Mar	(Stele) yland
	er E. Pumphrey Inc. S	434ADDRESS Georgia ilver Spring, M		N 1 9 '62 24b. REG	ISTRAR'S SIGNAT	

THE PERSON NAMED IN J. Sept. D. rhilleguitt. 1800E. . ANY THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR STATE OF THE PARTY man S. as Evally served spirete at \$100 and side and the state of t Activities confined at the PRINCE TO MANY THE RESERVE OF THE PARTY OF THE the content of the co LAND STATE DEPARTMENT OF HEALTH

Montgomery e. IS RESIDENCE ON A FARM? YES NO X Day Year 1962 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO IX (Caunty) (State)

1963 that (1) (we) last

22b. DATE

(State)

Maryland

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0920 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whera daceased livad, If institution: Residence before admission) Montgomery Montgomery .. STATE and Maryland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b will RURAL and give nearest lown) Rockville hrs. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Box 264 Montgomery General Hospital 3. NAME OF Middle 4. DATE Month DECEASED OF CHARLES ROGER SHOEMAKER DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR carbon 8. DATE OF BIRTH 5 birthdey) Male white 2-14-86 WIDOWED A DIVORCED even remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Virginia laborer nursery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Shoemaker Betty Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or dates of service) 215-18-0136 hospital records unknown 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] I. DEATH WAS CAUSED BY: BILE PERITONITIS IMMEDIATE CAUSE (e) RUPTURED GALL BLADDER Conditions, if any, which geve rise to immediate cause XXXX (a), stating the underlying ceuse lest. BILATERAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 1B.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Day, Year tectory, street, office bldg., etc.) While Not While MEDI a.m. at work al work to....., 19....., that (I) (we) last SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D. ARTHUR F. WOODWARD. M.D. ROCKVILLE, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Laytonsville

Laytonsville, Md.

e. IS RESIDENCE

YES NO

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

(Stata)

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

256. REGISTRAR'S SIGNATURE

Lavtonsville, Md.

25a. REC

DATE

Day

Months

ON A FARM?

HOSPITA FUNER O ig g VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Francis H. Barber

1-12-62

The law requires that the death certificate be executed within 24

attending physician.

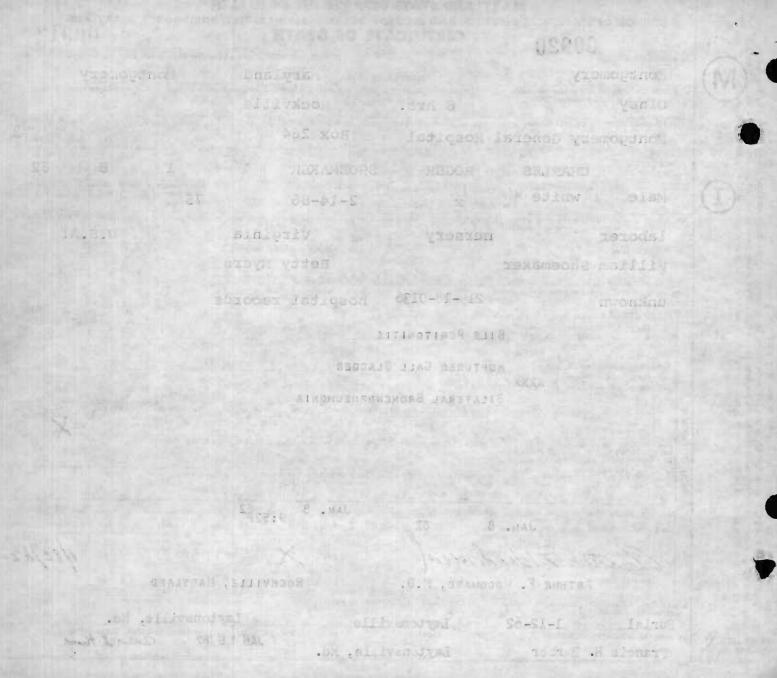
certificate

After 1

OR

completely

and



# funeral filled in by the Island 2 s TO HOSPITAL OR ATT OR PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. Page may be read by the hospital or attending physician. TO FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It and it is and it is state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

YR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00921 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	o. COUNTY MARYLAND	a. STATE . M. b. COUNTY Mont. Co.
Л	b. CITY OR TOWN (if parside corporete limits.   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write BURAL and give recess town   8hrs. Hom	in Kankeille 11
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
F	Juburban	13014-It/Zentin Ave YES NOW
	3. NAME OF First / Middle	Lasi 4. DATE Month Dey Yeer
	(Type or print)	EVELS DEATH Jan, 22 1962
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.	. DATE OF BIRTH / 9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Fenta Les inhito WIDOWED DIVORCED DI	3 / 9   last birthday) Months Days Hours Min.
	On. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	Montan 2. IICA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Frenchen L. The st.	There-3 othior
1		NFORMANT Address
	(Yes, no, or unkown) (Ifyesgive werordetesofservice) NO 536-07-6395 J	ohn R. Sievers-Husanbd-same 2d
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	e of the welast 18 mos.
	IMMEDIATE CAUSE (e) CACCOLONIC	()
	Con Bridge W	
	geve rise to immediate cause	
	(a), stating the underlying DUE TO	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
-	OF	PERFORMED? YES NO
	E 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Total Control of the state of t	CE OF INJURY (Home, farm, 20f. (City or fown) (Counfy) (Stete)
	Hour a.m.  p.m.  19  While Not While el work et work	
	21. I certify that (I) (this hospital) attended the deceased from.	Jost - , 1961 to Jan 22, 1962 that (1) ( last
	saw the deceased alive on 22 Jun 1962 and that	death occured ato
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
	Xorale W. Bunton, M.	D. PHYS. DIRECTOR PHYS. 1 12 2 156)
	22c PAYSICIAN'S MAME (Type) Horses I.J Barnton	22d. ADDRESS Q. II. A. III.
	MAME (Type) Horace W. Bernton	4143 Drodley Dwd. Muls, mo
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Cremation 1/25/62 Cedar Hill	Crematory Suitland, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Robert A. Pumphrey, Bethesda, Mary	yland DATE JAN 25'62   arising S. Thomas

BINGO £4 () De no come of the state of the THE STATE OF THE PROPERTY OF T A REMARKS THE TOPPER Horace it. Burnton 4743 Dirrich State Join St. 186 Cremation 1/25/62 Cedar Hill Cremators Suits and Largiand Mobert A. Fumphrey, Seinerde, Farrismi ...

. IS RESIDENCE

YES NO K

19

Hours

INTERVAL BETWEEN 2 weeks

1 month

2 months

(County)

19. WAS AUTOPSY

PERFORMED? YES A NO .

(State)

22b. DATE

1/3

U.S.A.

IF UNDER 24 HRS.

Dev

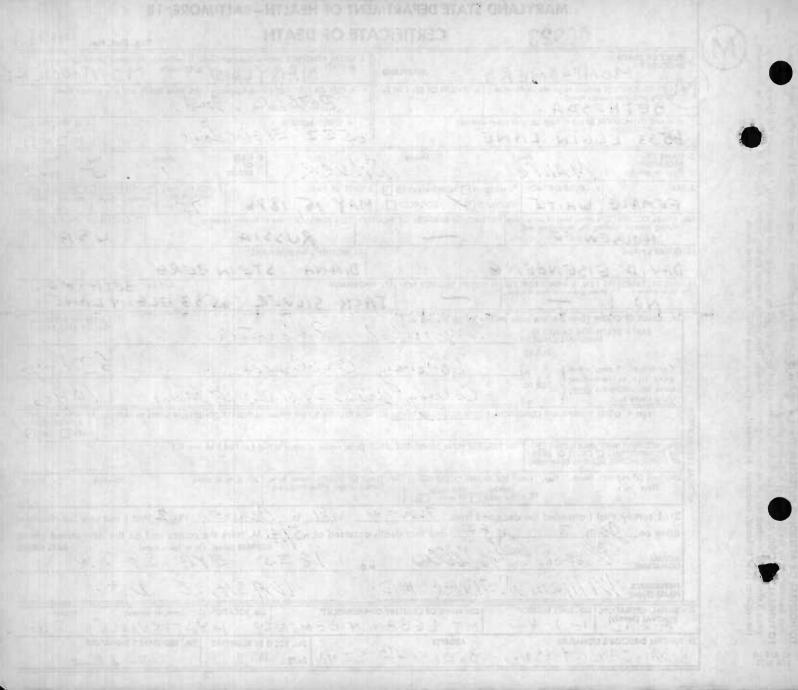
ON A FARM?

62

desired to the Total the clantest toward, about the little of dio catheore authoritie. Pomello limite media go, and emoil allogy ( by Trees! The Chancel Corner, without lange and the state of t E PER E english danam this was tyrodison T. 2 Disseminated Telephonesis Ship to the same of the same o Standary 2, 182 no The management of the contract of the . . Mr. SEBJA GFABOT inglight grant beauty, the best grant by Robert A. Pumphrey, Bathesdu, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 00923 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) & COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ETHESDA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? LANE FLGIN 33 YES NO T E NAME OF DECEASED Middle DATE Month OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED TO DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY HOUSEWIFE USA J3. FATHER'S NAME FISENBERG DAVID DIAINA STEIN BERG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 33 ELGIN LANE 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. fi. While Not while at wark at work p. m. on 5 1962, that I last saw the deceased 21. I certify that I attended the deceased from alive on\_ and that death occurred at 3 A. M. fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) LEBANON CEMETER 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 JAN 9



law requires that the death certificate be executed within 24 completel and physician a. attending physician. PUNE の音点

> VR A15 (4) 15M 7/61

## RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Montgomery Maryland Montgomerv MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Bethesda. Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 7600 Hemlock St. Bethesda Sanitarium & Hospital 3. NAME OF DECEASED OF Skerritt Jan. (Type or print) Hannah DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | 8 ast birthday) Months 10,1877 Female WIDOWED P Aug. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Pennsylvania Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Williams Thomas Skerritt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Bethesda. Md. Mrs. Jane L. Seaman none no no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any. (b) gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ) 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not While et work et work p.m 21. I certify that (1) (this hospital) attended the deceased from 44 saw the deceased alive on. ... 22a. SIGNATURE ATTENDING MED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23d. LOCATION (City, town or edunty 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hempstead, New York 01962 Greenfield Cem., 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 NUMBER DRECTUR ADDRESS

Bethesda 14, Maryland JAN 9

e. IS RESIDENCE ON A FARM?

YES NON

19

Hours

INTERVAL BETWEEN ONSET, AND DEATH

> PERFORMED? NO X

> > (State)

SIGNED

(Stata)

arthur S. Frans

IF UNDER 24 HRS.

62

Reamor Sanitaring & Housell 1900 Healook St. Letteraus Ivalus To be the committee of entimity with the book of the north and the state of the second and the second an Internal blee daing and termon disturbance 45 will we will have not a HERRY MARTINAL SON BUTELLE AND THREET HILL Reserved Towns of the State of The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE RESERVE OF THE PARTY OF THE . 8. 1 . ard . 11 55 128 75 1 . 8 . U-lac with the first of the lack of the la 是是一种"自然"。这个是一种"自然"。这些一种"是一种",这种"自然"。 A CENTER OF SHELLING THE STATE OF THE STATE THE THE THE PARTY IS NOT THE STREET STREET STREET STREET STERIEN DE PETERION BEFORE PRESENT OF BUILDING The state of the s 

Warner E. Pumphrey Inc. Silver Spring. Md.

DATE AN 3 1 '62

Orthung S. Francis

15M 9/55

MARYLAND	STATE	DEP	ARTM	ENI	OF	HE/	ALTH	
ION OF STATISTICAL	RESEARCH	AND	RECORDS	- 1	BALTIM	ORE	1, MARYL	AND

	DIVIS	ION OF	STATISTICAL RESEARCH	AND	RECORDS -	- BALTI	MORE 1, MARY	AND			
	00927	74.	CERTIFIC	ATE	OF DE	ATH			1)	1191	()
1. PLACE OF DEATH o. COUNTY		116	MARYLAND	- 11	o. STATE		ere deceased lived.	COUNTY .			ssion)
Montgoi	(If outside corporate lim	its write	c. LENGTH OF STAY IN 16		Maryla		outside corporate lim		Montgom		(n)
RURAL ond give	nearest town)	,		2	et		-		KAL ONG GIVE I	logical for	,
Bethes	O.A. ITAL (If not in hospitol, ;	oive street	oddress)	-	d. STREET AD		eman Road			I S RE	SIDENCE
OR INSTITUTION				1						ON	A FARM?
Suburba					Wheato	n,	1			_	
3. NAME OF DECEASED (Type or print)	Annie	rst	Middle <b>K</b>	Smi	th Lost		4. DATE OF DEATH	Month	rey 1	Day Day	19 loo
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DA	ATE OF BIRTH		S. AGE	(In years birthdoy)	MODER 1 YEA		1
Female	White	WIDOWE	DIVORCED [	8	110/8	5	111	7/76.	Months Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	DUSTRÝ	11. BIRTHPLA	CE (Stote	or foreign country)		12. CITIZEN	OF WHAT	COUNTRY?
Housewit	The state of the s		Home		Kens	ingt	on, Md.		US	A	
13. FATHER'S NAME			1 LUANCE	14	MOTHER'S A	AAIDEN N	IAME	1		100	100
George The	ornton Wind	ham			Ann	nie K	ate Johns	on			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT			Addre	rs s		10.00
(Yes, no, or unknown) '	(If yes, give war or dates of	service)	Maria di La	Mr	Charl	es R	. Smith	Wheat	ton, Md		
	ATH   Enter only one co	ouse per lin	ne for (a), (b), and (c), ]							ITERVAL B	ETWEEN
	ATH WAS CAUSED BY:		ulmonar	~	00	, 12			0	NSET AN	DEATH
1 2 3	IMMEDIATE CAUSE (c	-	active ves	1						3 0	ay,
Conditions, if	21	161	No Consider	1.	£ 2,	ins	e + liv	en-In	Piers?	1-4,	
gove rise to	immediate (	17	reserve	pua	71 -000			72		-	
couse (o), stoting								L			
_	, ,	DITIONS (	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO T	HE TERMI	NAI DISEASE CONF	DITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY
PART II. OT	Carona	1	1 - 1 - 0		0 3	1 11 0	MAE DISEASE CONTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 114 1 AKT 1(0)	PERF	ORMED?
	AS_UNDERLYING	/ u	CRIBE HOW INJURY OCCUR	DED /E	oter noture of	iniusy in I	Port Lor Port II of it	em 18 )		162 [	] NO [
□ OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DES	CKIBE HOVY INJURY OCCUR	KED. (EI	ner notore of	injury in i	FOR LOT FOR IT OF IT	en ro.,			
\$ 20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. It	NJURY OCCURRED 20e.	PLACE (	OF INJURY (He	ome, farm	, 20f. (City or tow	n)	(Count	v)	(Stote)
Hour o.m.	10	While of wor	_ Not while_	foctory,	street, office b	oldg., etc.	.)				
21. I certify th	at (I) (this haspita	1).attend	led the deceased fram	1.121	1/61	19_	to_1/1	2/62	19	that (I)	(we) last
	.1.	160	19, and that		(	at /130	13	/		, ,	,
220. SIGNATURE	2 1	1									2b. DATE
Vai	louile	Jai	news	M.D.	ATTENDING PHYS.	D MI	RECTOR PHY	s. 🗆		111	SIGNED
22c. PHYSICIAN'S NAME (Type)	,				22d. ADDRES	S			- , ,	01	1
P	atrick C. J	amers	on		120	25	(ee 0 19	ca S	elue	Thus	ug lle
230. BURIAL, CREMATI	ON, 23b. DATE THERE	OF .	23c. NAME OF CEMETERY	OR CR	EMATORY		23d. LOCATION (C	ity, town, or	county)	(St	ote)
REMOVAL (Specify	1-13-62		St. John's				Forest	Glen	Md.		
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		1:	25a. REC'	D BY REGISTRAR		TRAR'S SIGNAT	TURE	
Francis	H. Barber	Lay	tonsville, Md	l.		DATE 9	JAN 1 5 '62	0	Litting 2. 1	Kraus	

		DARLES		
			prov.	
		e il consideration		
				Salma Sia an
	11,08			
		Calena I		
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			meter meter	1-11-1

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 8 Film G305 1/2 Greek RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH a. COUNTY Montgomery Montgomerv MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) þ write RURAL and give nearest town) Rockville Bethesda davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Suburban Hospital 5602 Randolph Road YES NO T completely papers. 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH Montgomery Smith 1962 Bradford January within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) and Months Hours Male White WIDOWED T DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working lile, even if retired) Retired Farmer Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Henritta Handy Agustus W. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detas of service No Stubbs-Nephew-same 2d None Eugene 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 NO [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18. 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town (County) (State) at work et work DIRECTOR 19.6.1, to Janua 1.1.6.1..., 19...., that (1) (we) last saw the deceased alive on. OR ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ath. Pag FUNER NAME (Typa) C. Patrick Jameson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. Burial Specify) St. Johns Cemetery 0 Forest Glen, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland JAN 1 5 '62 DATE Orthur & How

MARYLAND STATE DEPARTMENT OF HEALTH

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Schert A. Branchev, Schoeda, Maryland L. Will's Scher L. P. P.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00929 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidanca bafore admission) COUNTY b. COUNTY COLUMBIA-MARYLAND b. CITY OR TOWN of outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) writa RURAL and give nearast town) within 24 WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS 201-MASS. completely executed NAME OF Middle DATE DECEASED OF (Type or print) DEATH and con 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED X DIVORCED | death certificate USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) OVERMENT FATHER'S NAME e attending I 16. SOCIAL SECURITY NO. | 17. INFORMANA (If yes giva war or detes of service) SPANISH-AMER-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) gava rise to Immediata cause DUE TO (a), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) ARLINGTON NAT, CEM. ARLINGTON 0 BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 4812 GA. AVE. N.W. windred S. Thouse FUNERAL HOME

e. IS RESIDENCE ON A FARM?

YES NO

6

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

SIGNED

(County)

DATELAN 8

Year

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280000 Ment 90 Mes 1 90 Mes X HATTER DESTRUCTED WHENDERD THE LEWIS THE WAR LONG TO SEE THE STATE OF THE SEE STATE OF THE SECOND STATE OF THE SE MAJE LEWIS & STAND STAND CLERK FORENENT NEW YERK FREDRICK-SMITH THE POSE PRINCE DICKIESON 422- SUMMERSHAME - 224 de allow of Bearing Born Peller BORES CHARLING ME VON CONTRACT CONTRACT STATE BURGEL 1-9-62 ARLINGTON ANT COM- PRESMETON, VERMIN DEAL FUNDRAL HORE HOWE FOR BETON DE LANGE

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## MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH a. COUNTY			NCE (Whare decaasad live	ad, If institution: Resid	lance before edmission)
Montgomery	MARYLAND	Maryla Maryla	nd b. (	Montgo	merv
b. CITY OR TOWN (if oulside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits	, write RURAL and giv	ve nearest town)
write RURAL end give naarest town)		X			
d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospilal give street eddress	d. STREET ADDRESS			e. IS RESIDENCE
or the street or the street of	in nospital, give silver educessy	d. SIRLEI ADDRES			ON A FARM?
					YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month De	ey Year
(Type or print) Dorothy	Ruth	Spates	DEATH	1 2	9 19 62
5. SEX 6. COLOR OR RACE 7. MA		DATE OF BIRTH		yaars   IF UNDER 1 YEA	
TO 3 1171 1 4	OWED DIVORCED	1/21/1912	last birth	(rs. Months Day:	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10	Ob. KIND OF BUSINESS OR INDUSTR		unty & State, or foreign cou		OF WHAT COUNTRY?
Housewife		Washi	ngton, D.C.	TT.	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE		0	. O . A .
James E. Fox  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURITY NO.   17. II	NFORMANT	ell Suddath	11	
(Yes, no, or unkown) (Ifyas giva war or dates of service)		NFORMANT	Ac	dress	
No	218-24-6559	George E.	Spates	Comus, Md	
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).	1.			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ormany oca	Juseer-			7- hours
DUE TO 2	11.	0			
Conditions, if any, which	un ary Thras	min			YVLADS -
gava rise to immediata cause	or or or or	0100	1		1111-
(a), stating the undarlying DUE TO	to applied to	1. 1.	was die		EVCAX -
causa last. (c) Th	was source of	raurin	man was	us!	THATS
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING 20b.  OR CONTRIBUTING CAUSE OF DEATH  UT (IF EITHER, NOTIFY MEDICAL EXAMINER)					YES NO
20a. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED.	(Entar netura of injury i	n Part I or Part II of item 1B	.)	
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20d. INJURY OCCURRED   20a, PLA	CE OF INJURY (Homa, fa	rm, 20f. (City or town)	(County)	(State)
Hour a.m.	Whila Not Whila facto	ory, street, office bldg., e			(0.2.0)
p.m. 19	t work et work		100 100		
21. I certify that (I) (this hospital) a	ttended the deceased from	10 1 20	19.49, to.11.7	1907.	, that (I) (we) last
saw the deceased alive on		death occured at	M, from the cau	ises and on the	date stated above
22a. SIGNATURE		1			22b. DATE
James V. Ko	M.	ATTENDING PHYS.	MED. STAFF PHYS.		1 2 CI CO
22c. PHYSISIAN'S	,	22d ADDRESS	7	<u> </u>	110114
NAME (Type) James. P. 1	Kerr	DAMA	SCUS /	MD.	
23a, BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (Ci	by town or country	(State)
REMOVAL (Spacify)		JA CREMATORT			
Burial 2/1/62	Monocacy		Beallsv		Md.
24 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256		
Landlanes/ Cuttell	Rannesvil	le Md. SE	R 2 '62	wither S. Tiras	44

(oursend)

James E. Pox

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218-24-6557 Gentles B. Spater Comme Md.

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damas. P. Assar

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY e. STATE Montgomery the d 2 Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporata timits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) within 24 Spencerville 5 6 days Olney filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS YES NO Montgomery General Hospital executed complete aper 72 3. NAME OF DATE Day Middle Lest 4. Month DECEASED OF Osborn N and comp (Type or print) Stabler DEATH January 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 9 60 Months Deys Hours Male White 1901 event. WIDOWED DIVORCED physician OVe 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland farmer farmer United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending plea Newton Stabler Mary Hallowell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 220 34 7932 17. INFORMANT The law requires that the ittending physician. Address (Yes, no, or unkown) | (Ifyesgige werordates of service) unknown Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for je), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a burial-transit aftending Conditions, if any. (b) 5 gave risa to immediate cause DUE TO certificate has or use as the but prior to burial, (e), steting the underlying PHYSICIAN: the hospital or a cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION YES 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dev. Year 20f. (City or town) (County) factory, street, office bldg., etc.) ō Whila Not While Hour a.m. et work et work 19 p.m DIRECTOR: that (I) (we) last 21. | certify that (|) (this hospital) attended the deceased from. and that death occurred as 0 .M. from the causes and on the date stated above. saw the deceased alive on ..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE rector, LIGOR SAND 23d. LOCATION (City, town or county) BURIAL, CREMATION, | 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 후 (Specify) 1962 0 Jan. Friends Sandy Spring ADDRESS 25a, REC'D BY, REGISTRAR 25b. VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE Laytensville.

certificate

death

Md. REGISTRAR'S SIGNATURE DATE

IS RESIDENCE ON A FARM?

Yeer

1962

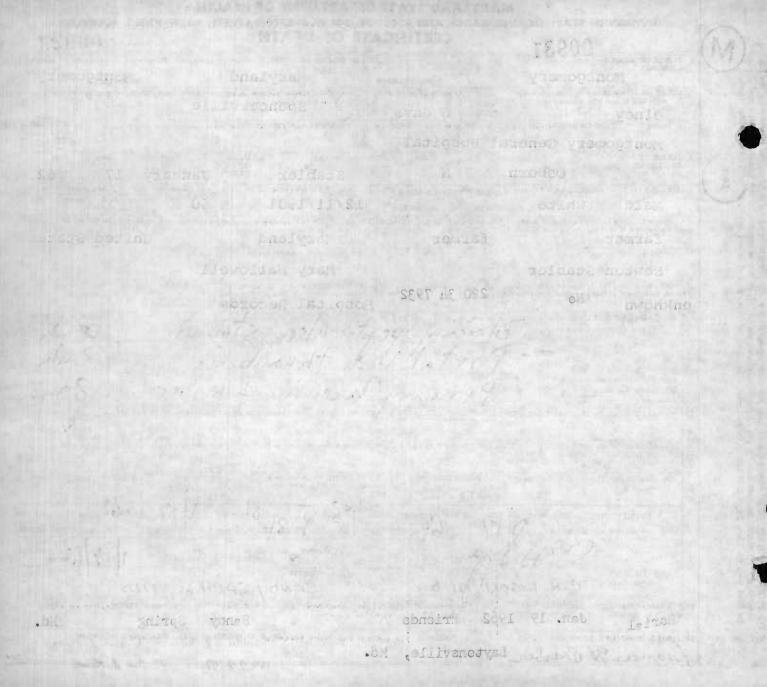
PERFORMED? NO

(State)

22b. DATE

(Stata)

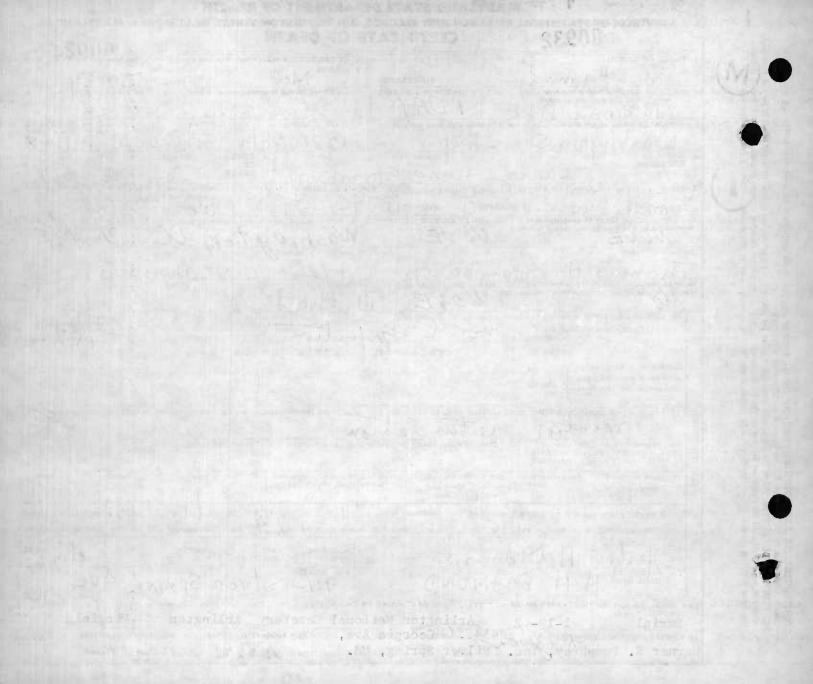
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TC	~	T	~	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hot, after desiring
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	15	rv4	116	

	00932 CERTIFIC	CAT	TE OF DEATH
1	. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissingly and the control of the
	Mont armany MARYLI	WATEN	o. STATE Md b. COUNTY /
-	b. CITY OR TOWN (if outside corporate limit), write RURAL end give bearest town)  C. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)
			24-Q 140, C)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	is)	d. STREET ADDRESS 0. IS RESIDEN
	Washington San, & Hosp.		12814 Yalley wood Drive YES NO
3	. NAME OF First Middle	- 1)	Last 4. DATE Month Dey Yeer
	(Type or print) Laura Anne	Cth	mbouch DEATH Jan 16 1967
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	N 8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
	Jemale (1) WIDOWED DIVORCED		last birthday) Months Deys Hours Min.
f	Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IN	NDUSTRY	
1	done during most of working life, even if refired)		Washington DC 71 11
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN, MAME
1	Thomas H. Stambauch		Frances Stephenson
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. IN	
1	NONE	P	Pt chart
	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).	1	INTÉRVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)	Sh	fection USAN
	096,9 DUE TO Overwhelm	ming	g toxemia due to (a)
1	Conditions, if eny, which (b)		V
	geve rise to immediate cause (e), steting the underlying  DUE TO		
	cause last. (c)		
200	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED?
CEPTIGGATION	mental netarda	M	YES NO
SPTIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING 200 CAUSE OF DEATH	CCURED.	), (Enter neture of injury in Pert I or Part II of item 18.)
- 1			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2 Hour e.m. While Not While		ACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) lory, street, office bldg., etc.)
AAB	p.m. 19 et work et work		12/ 1//
	21. I certify that (I) (this hospital) attended the deceased		(-15)
		d that	death occured at
Г	220. SIGNATURE		ATTENDING MED. STAFF
	22c. PHYSICIAN'S	M.D	22d. ADDRESS
	NAME (Type) HILL DIAMOND		911-SILVER SPRING AVEC M
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEM	AETERY O	OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	Nati	ional Cemetery Arlington Virginia
2	4 FUNERAL DIRECTOR'S SIGNATORED 2008434 ADDRESOTS	gia A	Ave , 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
K	Varner E. Pumphrey Inc. Silver Sprin	ng, 1	Md. DATE MAN 22 '62 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



W 1.	X		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	MARVIAND
TA	M		00933 CERTIFICATE OF DEATH	00025
er a	X		PLACE OF DEATH   2 USUAL RESIDENCE (Where deceased lived. If instituti	ion: Residenca before edmission
2 S to 15	_		a. COUNTY MENTGOMERY MARYLAND O. STATE Maryland b. COUNTY 7	Unitarmery
ho th mid ind ind ind			b. CITY OR TOWN (if cutside conforate limits, write RURAL and size nearest town)  c. CITY OR TOWN (if outside corporate limits write RURA)  write RURAL and size nearest town)	L end give neeres (bwn)
in b s 1 a	0.1		Kinsington Pyr 11 miks + 17 Jokens Tark	
ithin	90		d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital give street address)	a. IS RESIDENCE ON A FARM?
d w		3.	NAME OF Sirst Middle Lest 4 DATE Month	YES NO
paper 72		3.	NAME OF/ DECEASED  (Iype or print)  ERNEST  CROVATH  STEWARD  DEATH  OF  Month  OF  DEATH  OF  A  DEATH  OF  A  Month	28 1962
con		5.	MAKKIED I NEVEK MAKKIED I NEVEK MAKKIED	
and and carb			Wale White WIDOWED DIVORCED June 2, 1871 go Gyl yes. Month	hs Days Hours Min.
ficat ician iove eve	_	10e do	D. USUAL OCCUPATION (Give kind of work needed) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or for ign country) 12.	CITIZEN OF WHAT COUNTRY
cert shys rem any	0	13	FATHER'S NAME	42.4,
ing please	(I)	10.	Themas C Steward Ledin Parmer	
e de			WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	0
e at The		(Ye	15, no. or unkawn) (Ifyes give were detected to service) 579-32 49634. Mrs. Luther C Stavard, 2210 F.	21 MM. 2).C.
ian.			1B CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
quire			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) URLINE COLUMN	1 week
g ph sign ansil			450, O DUE TO Secile Arterios elevases	10510~11
a law ndin een ial-tr			geve rise to immadiate ceuse	1092002
The affer as b buri			(a), stating the underlying DUE TO causa lest. (c)	
AN: I or ste h the bur	1	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(e) 19. WAS AUTOPSY PERFORMED?
ICI.	U	CATION		YES NO
HYS e ho or us pric		CERTIFI	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH	
y the		1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (Steta)
Affe Affe tach		MEDICAL	Hour a.m. While Not While fectory, street, office bldg., etc.)	(County) (Steta)
pt. o		Z	p.m. 19 et work at work 21. I certify that (I) (this hospital) attended the deceased from 1942, 19,, to 28.5 a	1657
TITE OF LA			21. I certify that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I) (this hospital) attended the deceased from 19 1, and that death occurred at 1, 3M, from the causes and community that (I)	
ay b IRE shou			22e, SIGNATURE	22b. DATE
THE PERSON			ATTENDING MED. STAFF PHYS. PHYS. DIRECTOR   PHYS,	28 Jan 196
age age right	1		22c. PHYSICIAN'S NAME (Type) 4 B CIFEL 22d. ADDRESS 7/12 WILLSON A	M
UNE tor,		-	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, lown or c	county) (State)
death death		238	REMOVAL (Spoothy) Dan . 31. 1962 (Industry, Kational Centers Williaston	Virginia
VR A15 (4)		24	FUNERAL DIRECTOR'S SUBNATURE ADDRESS 25 REC'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
15M 9/60	1	X	Circher Walters 254 Carroll St. New - CD. C DATEJAN 3 0 '62 arithur	S. Kraue
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DEPARTMENT OF HEALTH

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	00934	CERTIFICA	TE OF DE	ATH			00	1921	;
1. PLACE OF DEATH			2. USUAL RES	IDENCE (W	here decessed lived,	If institution	: Residen	ce before	e dmissic
Montgo	merv	MARYLAND	a. STATE	/irginia	b. CC	UNTY			1
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write RURAL and	give nearest town)					0.	24.	2	
Betnesa	a (Rural) TAL OR INSTITUTION (if not in h	7 days		Annanda.	Te	0	2/	2	ECIDENI
d. NAME OF HOSFI	AL OK INSTITUTION (II NOT IN II	nosphel, give street eddress)	d. STREET AD	DKE22					A FAR
U.S. Na	val Hospital, I	Bethesda Md.		)10 Bru	ce Lane			YES	NO
NAME OF DECEASED	First	Middle	Last	4. D.		nth	Day	Yee	r
(Type or print)	Doris	Marie	Stove	D	EATH -	uary	21	19	62
S. SEX	LC COLOR OR BLOTH		B. DATE OF BIRTH	- 1	9. AGE (In ye			IF UNDE	
	7.11744		OF Toma 1/	207	last birthde	y) Months	Days	Hours	Min
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ione during most of wo	ION (Give kind of work rking life, even if retired)	KIND OF BUSINESS OR INDUST	RY II. BIRTHPLACI	(County & St	ete, or foreign count	ry) 12. (	THIZEN O	F WHAT	COUNT
Housewi	fe		Mary.	Land				USA	
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME					
Leo Mon	taomery		Vio	let Nut	well				
		6. SOCIAL SECURITY NO.   17.	INFORMANT	LC C Mao	Add	220			
	fyes give war or dates of service)						110		
			band Dona	ld L. S	tover S	ame as	Al		
	EATH [Enter only one cause pe	or line for (e), (b), and (c).]		7	11.			TERVAL BE	
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171	DUE TO	0	•	0 - 0	TIN	9			1
Conditions, if env	1	eural + D	encar	died v	notosta	res		140	~
gave rise to immedi	ete ceuse	- · · · ·					0	-	/
(e), stating the un	nderlying DUE TO		I A	-0 -	ann )	A	1	01.	
cause last.	) (c)	accuren	a of k	he .	e ua	M	de	ou	re
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DIS	SEASE CONDITION	GIVEN IN PA	RT 1(e) 1	9. WAS	AUTOP:
ž l								YES T	NO [
PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING  IIF EITHER, NOTIFY		ESCRIBE HOW INJURY OCCURE	O. (Enter nature of in	jury in Pert I or	Pert II of item 18.)				
OR CONTRIBUTING	MEDICAL EXAMINER)								
		I INTERNATIONAL CO. DI	CE OF BUILDING	6 1 201	101	10	4.3		151-1-1
20c. TIME OF INJU Hour e.m.	RY Month, Dey, Year 20c		ACE OF INJURY (Hostory, street, office bloom		(City or town)	(C	ounty)		(Stete)
p.m.	19 at w								
21   cortify t	hat W) (this hospital) atte	ended the deceased from.	14 Januar	rv. 1962	to 21 Jan	uarv 1	9 62 1	hat XI)	(we)
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226. SIGNATURE	()_ 1	VIII	ATTENDING	MED.	STAFF	<b>T</b>	00	30/	SIG
11100	recent him	sugland,	A.D. PHYS. L	DIRECTO	OR PHYS.	Jan	. 22	, 196	)2
220 PHYSICIAN'S NAME (Type)			22d. ADDRE						
TRAME (Type)	BARCLAY M. S	SHEPARD LT MC U	SN	J. S. N	aval Hosp	ital,	Beth	esda,	Md.
3a. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City,	town or cou	nty)	(5	itete)
REMOVAL (Specify)	1-24-62			ama taxes	Dwinnter	n Mar	~~ [177	7	
Burial		St. Marys'			Bryontow				
	'S SIGNATURE HAND TON		2.	SB. REC'D BY	REGISTRAR 25b.	KEGISTRAR'	5 SIGNA	TOKE	
HUNT Funer	al Home, Waldon	ri, Maryland	D.	ME 2 3 16	32 lein	hun S. 9	ana		

filled in by the LOR AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. A may be made by the hospital or attending physician.

L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages fand the State Dept. of Health prior to burial, cremation, or removal, and in any expert within 72 the state detached. IAL OR AT A may be I DIRECTO TO HOSPITAL death. Pag. A director, page be filed with t VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) Bethesda Bethesda (Rural) DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X U. S. Naval Hospital 4717 N. Chelsea Lane 3. NAME OF Middle Month DECEASED OF Merle (Type or print) LaRue DEATH Sweet 1962 January 3, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months 1885 Caucasian WIDOWED DIVORCED Male 1De. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Pennsylvania Administration pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Bell Hurlbut William Gaines Sweet 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 4801 Conn. Ave.NW (Yes, no, or unkown) | (Ifyesgive weror detes of service) Sis: Miss Harriett Ann Sweet, Washington, D.C. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN DEATH WAS CAUSED BY: MITRAL AND AORTIC VALVULITIS IMMEDIATE CAUSE (e) DUE TO RHEUMATIC HEART DISEASE UNKNOWN Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying SE UNKNOWN BRONCHOPNEUMONIA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 8 NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forwer FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) ruschart Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Suitland, Md. 040 Gremation Cedar Hill JUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Wisconsin Ave., Beth., Monate JAN 8 5M 7/59 arthur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00936 1\_PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside comprate limits write RURAL and give/nepert town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address, e. IS RESIDENCE ON A FARM? SURBURBAN HOSPITAL YES NO 3. NAME OF Middle DECEASED B. (Type or print) EMMA DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last bighday) Months DIVORCED WIDOWED TOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) INDIANA HOME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME G055 BETHSHEBA JOHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) MARTINSVILLE, IND UHKNOWNBRAFTON KIVETT 18. CAUSE OF DEATH Enter only one cause perfine for INTERVAL SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer ctory, street, office bldg., etc.) While Not While Hour a.m. et work et work that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from...... 19/0.1... and that death occurred at. T.M. MArrom the causes and on the date stated above saw the deceased alive on. 22b. DATE ATTENDING SIGNED DIRECTOR ST. N.W., WASH., D.C. HARRY A. HORSTMAN EYE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL) CREMATION, 23b. DATE THEREOF PARK CEMETER 0.50 REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61

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1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH e. COUNTY  2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
. Page files. Tealth,	Montgomery MARYLAND O. STATE mol 5. COUNTY in To
our file	b. CITY OR TOWN (if outside corporate limits, write RURAL end give negrest town)  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town)
Major de la constante de la co	Jaitherbury 5 min 35 Selater Spring
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
Se se X	105 Masell aux - Dr. Schumeters M. 4509 Bermon Rd YES NO XI
e fun e fun Starre death	3. NAME OF DECEASED Christine Last 4. DATE Month Dey Year
	(Type or print) Lectoral Laylor DEATH Jan 24 1962
d 3 t b ay b with with	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Hours   Min.   Min.   Months   Days   Months   Mon
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1, 2, 1, 2, and and 2,2 th	106. USUAL OCCUPATION (Give kind of work done during most of working life, even il refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hour ages 3. Pages 1	Infant md 91-S.C.
M3 M3 With	13. FATHER'S NAME
File File	15. (WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
with 18.	(Yes) ob, or unkown) (Ifyes give war or dates of service)
vitle perit	NO None Christini Mylor (mother) June 7
il in l	PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
-tr	IMMEDIATE CAUSE (6) Confliction Sudden
ould to Office Durial burial	Conditions, if ony, which (b) when Rushington Indication I doe
s o o o o o o o o o o o o o o o o o o o	geve rise to immediate cause
ndir iner d as or I	(a), steting the underlying Due 10
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vord vord cal E d be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED.
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writing chief age 3 to buri	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 4 fectory, street, office bldg., etc.) 5 fectory, street, office bldg., etc.)
0 -	Hour s.m. While Not While et work et work
P O o	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and in my opinion
DICA: a certif arded RECT agent,	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
O e E E	CHIEF MEDICAL EXAMINER
	SIGNATURE THAN I DIVERTIMENT M.D. ASSISTANT MEDICAL EXAMINER A DATE SIGNED
d be sign	EXAMINER'S TOUR TO DEPUTY MEDICAL EXAMINER X
DEPUTY Should be to FUNERAL	NAME (Type) FRANK J Shochaht Address (Street, city, town, or county)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
O DEF please 4 shou O FUD or its	REMOVAL (Specify)
н н	Burial 1/26/62   Parklawn Cemetery   Rockville, Maryland  23. FUNERAL DIRECTOR   248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	Debent A Dumphrey Pethode Menyland
3/1	Robert A. Pumpirrey, Bethesda, Maryland Date Jan 29 62   Othur & Michigan

HIARD TO TAMES HER PERSONS INCIDENCE PROPERTY

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If Institution: Rasidanca bafore edmission) e. COUNTY b. COUNTY Pag MARYLAND b. CITY OR TOW c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give straet eddress) d. STREE e. IS RESIDENCE ON A FARM? YES NO NAME OF iddla DATE Month Day DECEASED OF (Type or print) DEATH 5. SEX years | IF UNDER 1 YEAR IF UNDER 24 HRS iday) Months Days Hours WIDOWED S DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dufing most of working life, even if retirad) PM3. 'S NAME 14. MOTHER'S MAIDEN NAME ECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give warp dates of service) 18. CAUSE OF DEATH [Enter only ona cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office pinous Conditions, if any, which gave rise to Immadiete ceuse DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 🖌 and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Streat, city, town, or county) 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22c. (Stete) REMOVAL (Specify) St. James Baptist. Q40 Bealeton. Va. ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Rockville, Md. 5M 7/59 Circum S. Thank

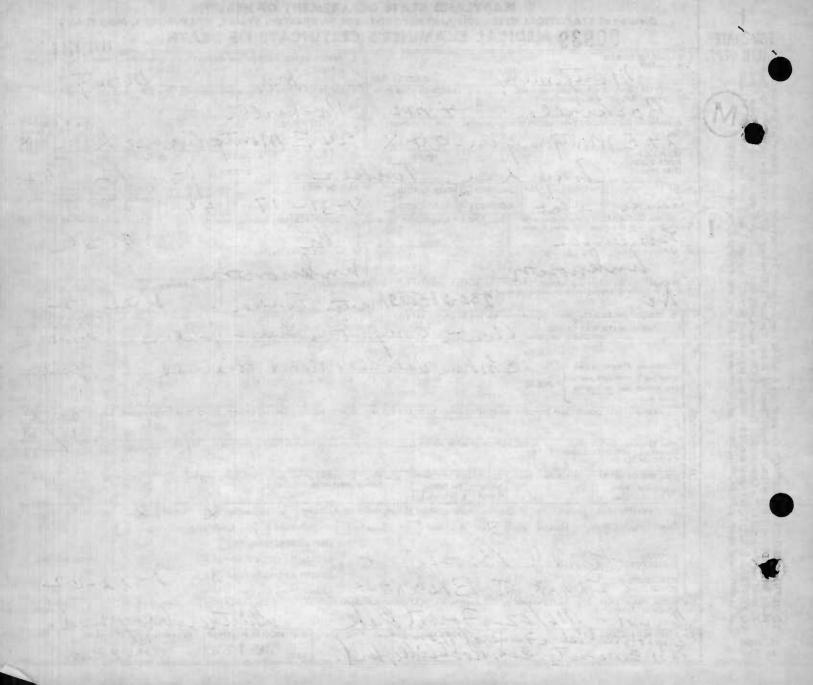
T/7/82 Comes Heatlats, comes as 1800, 20 Something of the state of the state of

WINER: This certificate should be executed within 24 hours after death. If any delay is necess prior DIRECTOR: designafed FUNERAL DEPUT OH ₫40

1	MARYLAND STATE DEPARTMENT OF			
OR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON  00939 MEDICAL EXAMINER'S CERTIFICATE		RE 1, MARYLAND	4
NLTII DEPT. & 圭	a. COUNTY ha	E (Whare daceasad lived, If i		dmission
r files	b. CITY OR TOWN (if outside corporate limits, wijpspruRAL end give hearest town)	outside corporete limits, write	RURAL end give nearest to	own)
EM)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS	el 09	1 a. IS	RESIDENC
2 % 4 ×	24 E. Mintgerney aux - aft X 24 EM	onto, aux	GAT X YES [	NO NO
rne ru retaii the Sta rr deal	3. NAME OF DECEASED (Type or print) (Less A. D.	OF DEATH	^-	G 2
may be with ris after	5. SEX  6. COLOR OF RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  Fewale WIDOWED DIVORCED V-21-17	7 last birthday)		ER 24 HRS.
30 5 and 5	106. USUAL OCCUPATION (Give kind of work done doing most of working life, even if refired)	foreign country)	12. CITIZEN OF WHAT	COUNTRY
13. Pages 1	13. FATHER'S NAME OF 14. MOTHER'S MAIDEN NA	AME	M-S. C	_
ent v	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMENT	Address		
om 18.	(Yas, no for unknown) (If yas give war or delas of service) 230-285083 martin Torre	ker - I	lin 2	
along w ransit p	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Courts Congestive Trees	ut failu	INTERVAL BE ONSET AND	
Office Durial- moval	Conditions, if any, which gave rise to immediate cause (b) Chronic Valvular Ceaut	disease	y.	
niner's sd as a	(a), stefing the undarlying cause last. (c)			
al Exar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE		AUTOPSY ORMED?
of Medical Should	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	or Part II of item 18.)		

Month, Dey, Year MEDICA 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 19 p.m. Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22d LOCATION (City, town, or country) (State) 24a. REC'D BY REGISTRAR | 24b. REGISTRAK SIGNATURE JAN 1 7 '62 Orthur & Heard DATE

VS. AISME 5M 9/60



1.1/		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. DRESTON STREET BALTIMORE 1 MAI	DVI AND
4		OOOLO CERTIFICATE OF DEATH	04000
Should	17	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institution; Resi	dence before admission
ME	1	MONTGOMERY MARYLAND D.C.	
9	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL end give neerest lown)	iva nearest town)
GA	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	I a. IS RESIDENCE
10		BEL PRE NURSING HOME 1614 Good Hope Rd S.E.	ON A FARM?
	3.	NAME OF First Middle Last 4. DATE Month OF	Dey Year
-		(Type or print) PAULINE NAGLE (ROOP DEATH	学 带着
5	5.	FEMALE   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRM   9. AGE (In years last birthdey)   Months Det   1   1   20 - 1888   9. AGE (In years last birthdey)   Months Det   1   20 - 1888   9. AGE (In years last birthdey)   Months Det   1   20 - 1888   9. AGE (In years last birthdey)   Months Det   1   1   1   1   1   1   1   1   1	
	10 de	done during most of working life, even if retired)	N OF WHAT COUNTRY
	12		SiA.
	13.	The manufacture of the second	
	15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
	(4)	Yes, no, or Inkown) (Ifyesgivawerordetesofservice) NONE O. Benjamin Troop, 1614 Good 160	se Rd S.EE
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caucle of The Hormack	Short
		DUE TO	
		Conditions, if any, which (b)	
		(a), stating the underlying DUE TO ceuse lest.	
]	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	
	CATI	Tahydration, Decubetus alcers	PERFORMED?
	CERTIFICATION		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County Hour e.m. While Not While 1 Occupation of the county of the coun	) (Steta)
	WE		
		21. I certify that (I) (this hospital) attended the deceased from 11/5 , 1961, to 1/30 , 196.	
		saw the deceased alive on	date stated above
	H	May Is, Shere M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	1/30/6 2.
		22c. PHYSICIAN'S NAME (Type) MAX G. SHERER MD 22d. ADDRESS 2025 EAST West H'Way Silver	
	23,	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  BURIAL 1/31/196V S.E. HEBREWEM. WASH. DC	(State)
	24	4 JUNETAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
	1	Albert Fenoral Home 4217 - get-ST. N. 4 DATUAN 31 '62	
		The state of the s	

ABOUT THE REAL PROPERTY. And Dark Survey John Ber Pac Mussing James I F. 20 4268 1193 LATER and the same of the forth of the first of the same Course of The Januarh marylastion, Tambetha along The state of the s New De Shirt THE G-SHERER MED SOUS ENTONE HOURS SHOULD HELD Action of the second se and the state of t MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			(Where decaased livad, If		idence bafora a	dmission)
Montgomery	MARYLAND	a. STATE District of	f Columbia	(IA		1
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and g	ive neerest tow	(n)
Bethesda	133 days	Washington		41	7X-3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS				ESIDENCE
Mbs Clinical Conton Da	thouse 11. Wa	727). Caman.	+ Dlane M	17	YES T	A FARM?
The Clinical Center, Be	Middle Middle	Last DOMET	set Place, N.	E a	Day Yaa	
(Type or print)		en	OF DEATH T			
Owen	Austin	Troy  Date of Birth	9. AGE (In years			62
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	. DATE OF BIRTH	last birthday)	Months Da		Min.
TAGILE NEGIO		lovember 3, 18				
1Da. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County	& Stata, or foreign country)	12. CITIZE	N OF WHAT C	OUNTRY
Minister	Church	Californ	nia		U.S.A.	177
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Theodore W. Troy		Juliette W	nahinatan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT The Me	ASTITUE COIL			
(Yas, no, or unkown) (Ifyesgivawarordatasofservice)					_	
No Carrier of Daniel	Unavailable Th	e Clinical Ce	nter, Betheso	la III,	Marylan	d
18. CAUSE OF DEATH   Enter only one cause		and did a			ONSET AND	DEATH
PART 1. DEATH WAS CAUSED BY:	morrhagic pneumo	mills			4-5 CB	ys
DIE TO						
Conditions, if any, which (b) Mu	ltiple myeloma				8 mont	hs
gava risa to immediata causa						
(a), stating the underlying cause last.						
	CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINA	DISEASE CONDITION CIV	EN IN DART 1/	e)   19. WAS A	LITORSY
PARTIL OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH OUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART I	PERFO	RMED?
No.					YES X	NO 🖸
PART II. OTHER SIGNIFICANT CONDITIONS  20b. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in Par	t I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year   2		CE OF INJURY (Homa, farm,	2Df. (City or town)	(County	1)	(Stata)
- I	Vhila Not Whila fact	ory, straat, offica bldg., etc.)				
		ontombon 7	61 Towns	7860		
21. Certify that ( (this hospital) at	tended the deceased from		61 January			
saw the deceased alive on January	19 02, and that	death occured at	.m, from the causes	and on the		
22 SIGNATURE	711-0	ATTENDING MEI	D. STAFF			. DATE
Heo. H. Force	1 mil M		ECTOR PHYS.	Janus	ry 18,	1962
22c. PHYSICIAN'S NAME (Type) George H. Po	orter III, MD	22 The Clini	cal Center, M	Nationa :	l Insti	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	Bethesda 1	wn or county	(S	itate)
REMOVAL (Spacify)		rial Cemetery				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b. RE	GISTRAR'S SIC	CALLE	
KITTON WELLING	3015 12th	St. N. E DATE TAN	7 2 762			

ed in by the funeral as 1 and 2 should after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hou Aby the hospital or attending physician.

After this certificate has been signed by the attending physician and completely after this certificate has been signed by the attending physician and completely after this certificate has burial-transit permit. Then please remove carbon papers. 3 should be detached for use as the burial-transit permit. Then please remove cathe State Dept. of Health prior to burial, cremation, or removal, and in any event.

TO HOSPITAL

4 death. Pec 
6 by TO FUNEN. I

90 of the pec 
7 director, page 3

etabled to Johnston not alliant confine ton the Chinical Capter, Jether C.M. M. . 15th Scarcet Cape, C. . in the second of contour 1, 199 . A. S. U Lateria Tellini '01. • e10 00 ' The offer action Travelle le chimical doctor, det effect worth THE LEAD North the value of the state of the MICLEDE SIGNIAL Type Content to the necessity of JEMMES 25, CE 10,1962 The Stanton Center, Latinani Inget on the Detroit and a second of breith, revisade 11, respendent 1 92 02 1. 11:00 1. 11:00 1. Ce at 1 - 0 1 20 1. 10:01.

Kolley C. J. C. 2015 120h St. H. S. 199

FOR STATE director. Page your files. Sard of Health, TO DEPUT: ALEDICAL AMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State scard of Heal or its designated agent, prior to burial, cremation, or removal, and In any event within 72 pours after death.

> VS. A15ME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

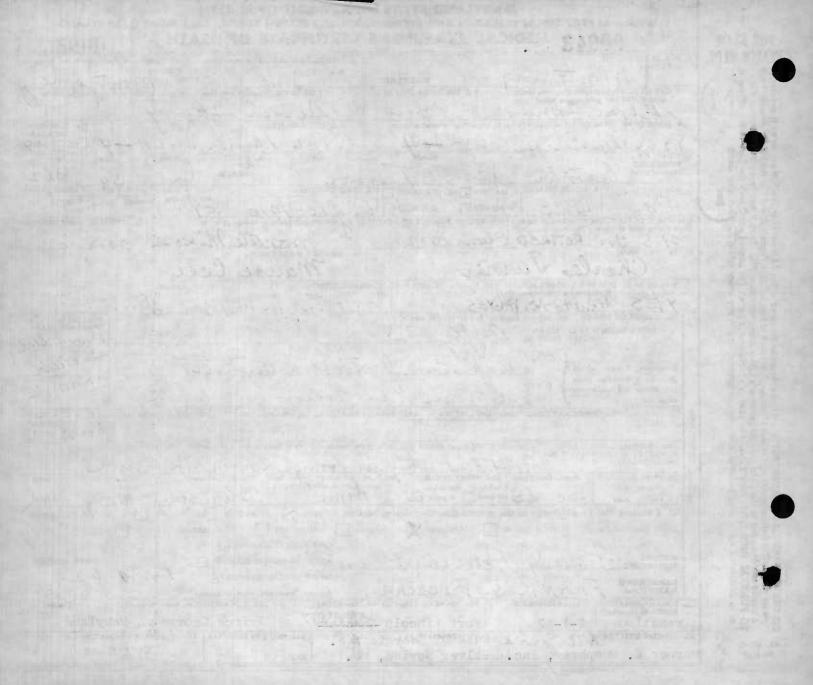
EVA MINED'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	monta omen MARYLAND	a. STATE md b. COUNTY most
V	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporete limits, write RURAL end give neeres lown)
	write RURAL end give inferest town)	281-1 26
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	211115	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	3. NAME OF Sementy Ref	1 2/14 Semmany Rd YES NO 1
1	DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Susee Maud	Lucker DEATH Jan 13 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS.    In years   IF UNDER 24 HRS.   In years   In
1	Levele white WIDOWED DIVORCED	3-8-1886 75 yrs. Months Days Hours Min.
	10e USUAL OCCUPATION (Give kind of work does during most of working life, eyen if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	Clerk - retired n. S. For	md M.S.a
	13. FATHER'S NAME David Hampton Pugh	14. MOTHER'S MAIDEN NAME
1	zarsstatradic	xuxabkaknabkamary Stuart Lewis
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address A
1	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	THEY MANAGE P.O.
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	weer P. Mann Selver Spring med
1	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET, AND DEATH
T	IMMEDIATE CAUSE (o) Conquerve n	that parties days
I	DUE TO	
1	Conditions, if eny, which geve rise to immediate cause	a milestral drack with
ı	(e), sleting the underlying DUE TO has trastages	13 yn
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	
		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. EXTERNAL CAUSE WAS PRIMARY OF ORDER TO THE CAUSE OF DEATH.	nter neture of Injury in Pert I or Part II of item 18.)
П	CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, ', 20f. (City or lown) (County) (Stete)
		ry, street, office bldg., etc.)
1	21. I certify that I took charge of the remains described above, help	d an Autonou D lamantia D L t
1		
	death resulted from: Natural causes . Accident . Suicio	
	ACTUAL TO BOOK TO	CHIEF MEDICAL EXAMINER
Н	SIGNATURE THINK ! STATE thank	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S FLANK J. BAUSCHZAT	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
2	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 1/16/62 Glenwood Cem	netery Washington D C
	23. PONERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	The S. H. Hines Company-Washington	1, D. C. DATE JAN 15 62 arthur & Hearth
F		2, 70,000

THE PARTY NAMED IN THE PARTY NAMED IN with a later to the property of the property o be a. B. bim a company-washing to . C. and

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Page a. STATE b. COUNTY of Health, MARYLAND b. CITY OR TOWN (if outside proporata limits. c. CITY OR TOWN (If outside corporale limits, write RURAL and giv nearest town) c. LENGTH OF STAY IN 16 director. write RURAL and give nealest Jown) Your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pages 1, 2, and 3 to the function M3. Page 5 may be retain pages 1 and 2 with the State within 72 fours after death YES NO 3. NAME OF Month DECEASED OF (Type or print) DEATH after 1962 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months | Days MARRIED INEVER MARRIED IF UNDER 24 HRS Months DIVORCED 1 and 72 1 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. I" in pencil in Item 18. C Office along with form a burial-transit permit. Fi smoval, and in any eve INFORMAN Address (Yes, no, or unkown) | (Ifyesgive war or dates of service APRIGHZ-NOVIHOYES 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immadiata cause writing the word "pending Chief Medical Examiner" as (a), stating the undarlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO To plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Part II of item 18.) age 3 shout PRIMARY I or CONTRIBUTING DR CAUSE OF DEATH. 20d. INJURY OCCURRED Too. PLACE OF INJURY (Home, form, factory, street, office bldg., atc.) Chief age 3 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Slate) to the at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and/in my opinion forwarded to DIRECTO HU Natural causes death resulted from: Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL L ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Fort Lincoln Crematory 240 g 2-1-62 Prince George Maryland Cremation 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Circher S. France 5M 9/60 Warner E. Pumphrey. DATE FEB 2 Silver Spring. Md. Inc.

DEPARTMENT OF HEALTH



1	he		MARYLAND STATE DEPARTMENT OF HEALTH	
±	竹		OP944 CERTIFICATE OF DEATH	AND 036
er Ineral hould	-		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as COUNTY)	a bafora admission)
12 sl	M)		monta ornery MARYLAND 8. STATE D. C. S. COUNTY	-
4 ho and deat			b. CITY OR TOWN (if outside corporate limits, write RURAL and give no write RU	perest town)
in 2.		_	Rensinator WASHINGTON 47	$\times \cdot 3$
illed is af	90		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
D Z Z		3	NAME OF First Middle Last LA DETE Month Day	YES NO L
plet plet 72		3.	NAME OF DECEASED (Type or print)  SALLIE REBECCA UMSTEAD OF DEATH OF DEATH 32	Yeer
com com thin		5.	Mari 1	1963 IF UNDER 24 HRS.
be arbd arbd , wi		17	last birndey) Months Days	Hours Min.
icate		100	De. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF	WHAT COUNTRY?
certification of the second of		19	and during most of working life, even if retirad) - Maruland 4. S.	0
40 -	(=)	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	17.
death of nding please and in a	(1)		William J. Cernstead Elizabeth austen	
			S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es, no, or unkown)   (Ifyesgive werordetes of service)	Same
at the atternoval,			no none anna M. Unistead - sister-	21
ian.			ONS	RVAL BETWEEN
quire			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCHEROTIC HEART DISEASE	
sign sign ansil			THE TO ESCAPE IN MARKET SILE IS A	
law ndin een een al-tr			Conditions, if any, which gave rise to immediate couse (b) ESSENTIAL HYPERTENSION	
The atter as by buri			(e), stating the underlying DUE TO  Cause lest,  (a) GENGRALIZED ARTERIOSC LERGS S	
or he h		NO		. WAS AUTOPSY
CIA pital fical fical for as	^	ATIO		PERFORMED?
YSI hos cert r use prior	0	읦	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)	
PH the this for		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by ffer i che Che Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
deta deta		MED	Hour a.m. Whila Not While factory, street, office bldg., etc.) p.m. 19 at work at work	
H SO SO			21. I certify that (I) (this hospital) attended the deceased from AUGUST 22, 1961, to Jan. 30, 1962 th	
Per			saw the deceased alive on 30, 1962, and that death occurred at 100 M, from the causes and on the dat	
OR May		13	228. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
AL			22c. PHYSICIAN'S  22d. ADDRESS  22d. ADDRESS	Jan . 30 -196
Par Par With	1		NAME (Type) HENRY M LOWGEN 520 Chery Chare, high	
FUN From		236	B. BURIAL, CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
V di O de	^	4	Survey 2-2362 St. Mary's Centerry Rockvell, Mar	wand
VR A15 (4)	1/s	24	FUNERAL DIRECTORY SIGNATURE  ADDRESS  A	
15M 9/60	Th:	_	Moter a. Vienischerez 15thesda MV DATE FEB 6 '62 arthur S. Trans	

See a see of the second of the second They had been a second to the second to the

VR A15 (4)

15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

B. Danzansky & Sons

		1	
ding physician and completely filled in by the funeral	is 1 and 2 should	liter death.	(1)
and completely	carbon papers.	and in any event, within 72 hours	
ding physician	please remove carbon papers	and in any even	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1111030

	00343		CERTIFICA	IL OF PLATE				0 1:11	
1. PLACE OF DEA	TH			2. USUAL RESIDEN	ICE (Where decea		ution: Residen	ce before adm	issio
Montgomer	• 7		MARYLAND	* Maryland		Montge	omerv		
b. CITY OR TOWN	(if outside corporete lim	its, c. Li	ENGTH OF STAY IN 18					nearest town)	
Bethesda	and give neerest town)		a davs	Silver S	nninge	31			
	PITAL OR INSTITUTION	(if not in hospital o	- 44	d. STREET ADDRESS	-	91		a. IS RESID	ENC
						a .		ON A F	
The Clini	ical Center,	Bethesa	Middle Md	10907 Fi	esta Road	Month	Dev	YES Ne	o K
DECEASED	LIE		Middle	LOSI	OF	Monn			
(Type or print)	Martyn		Kirk	Usilaner		January	8	1962	
. SEX	6. COLOR OR RACE	7. MARRIED []	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years IF U	INDER 1 YEAR	Hours A	HRS Win.
Male	White	WIDOWED _	DIVORCED [	September 17,		yrs.	iiiiia Doya	Hours	7,1116
	ATION (Give kind of wor working life, even if retire		BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Cou	nty & Stele, or fore	ign country)	12. CITIZEN O	F WHAT COU	NTR
Student	working me, even n lenn	None		New York		1000	U.S.	Δ	
3. FATHER'S NAME		TAOTIE		14. MOTHER'S MAIDEN	NAME		0 404	1 6 7 A	
				201-1-201	77				
Hiram Usi	<b>Laner</b> EVER IN U.S. ARMED FOI	RCES?   16. SOCIA	AL SECURITY NO. 17.	Miriam Mi	Medical 1	Received			
Yes, no, or unkown)	(If yes give war or datas of	service					11. Mor	boo free	
No	DESTRUCTION OF THE PROPERTY OF	None		he Clinical C	enter, D	swiesda.		ERVAL BETWE	CENI
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I, DEATH WAS CAUSED BY:  No. 22-7-7-00000000000000000000000000000000							ONSET AND DEATH		
TAKE I. DE	IMMEDIATE CAUSE (a)	Medulla	ry Compres	sion			1	day	
2	DUE TO								
Conditions, if a	ny, which ) (b)	Hydroce	phalus				1	year	
geve rise to imme	DATE TO							1	
(e), steting the	underlying	Connian	haryngioma				2	years	
				NOT RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIVEN I	N PART 1(e)   1		OPS
								PERFORM YES NO	_
20. ACCIDENT	WAS LINIDEDLVING	201 DESCRIBE	HOW INDIAN OCCUR	RED. (Enter neture of injury in	Part I or Dart II of	item 18 1		IES LA	L
OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]		HOW INJURY OCCU	CD. (Enter neture of injury in	ren i or ran ii oi	nem to.j			
20c. TIME OF IN	IJURY Month, Day, Ye		,	LACE OF INJURY (Home, far		town)	(County)	(Ste	ita)
Hour a.m			lot While	actory, street, office bldg., et	c.,				
-		tank assertant s	he deserted from	Tannam E	1060 to T		1060	hat BD (see	2 1
21. I certify	that W (this nosp	mai) allended i	ne deceased from	January 5	32 PM	anuary o	, 1702	nai W (we	1 -
		mary o	19 <b>6</b> %., and th	nat death occured	ATT I I I I I	ne causes and	on the da	are stated a	
220. SIGNATUR	X L. Fr	len			MED. DIRECTOR	STAFF PHYS. T	anuary	5	IGN
22c. PHYSICIAN				22d. ADDRESS T	he Clini				
NAME (Ty	Robert	L. Fisher	r	Institute					
3a. BURIAL CREMA	ATION, 236. DATE THE	REOF   23c.	NAME OF CEMETER			ON (City, town o		(State	
REMOVAL (Speci Burial				Memorial G	arden	Falls (	Church	n, Va.	

3501 14th St., NW DATEJAN 1 2 '62

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cinhan S. Kraus

ADDRESS

Silver Cortines EVED & W , Call (200) TOPOY PERSON SAUS The Oligical Charter, Section 31, No. Transfer temperature 1 00 5 Bootmoon IV, 185, od 9.LaM 010 northfall rough The Olivicel Conten, Rethodum li, Muryland 9000 Or i r i Manual So 6 visual So 52 visual S yangano , Tu The court of the Long was self raci . is er Intellette or realtry loude 11, 44, 1-10-62 - Ling Payle Housels I agreem Paule Council Line

B. Demander & Bone 1901 Library Mills or annual of the

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ARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery the 12 MARYLAND D.C. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL and give neerest town) 1 hr. 20 min. Bethesda Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Suburban Conn. NAME OF First Middla DATE DECEASED OF DEATH (Typa or print) 1962 Dorothy ELLEN IItz January 18,
AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX and last birthday) Months Hours WIDOWED DIVORCED Female physician move 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if refired ACCOUNTING Washington, D. C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Nellie Ribble Thomas Utz ě 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give war or dates of service) Brother, David E. Utz - same as above no. 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) char DUE TO yeurysm, Conditions, if any, which S gava rise to immadiata cause DUETO (a), stating the underlying m PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY CERTIFICATION PERFORMED? H NO 2Da, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from...... 19.62, and that death occured 42.33 Marom the causes and on the date stated above. saw the deceased ATTENDING 22a. SIGNATURE SIGNED DIRECTOR ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) O.É 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) JAN 2 2 '62 arthur S. Krous 15M 9/60

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page a. STATE b. COUNTY 1 files. necessar MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside\_corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street andress) d. STREET ADDRESS delay 4900 3. NAME OF or death. If any dell and 3 to the funer be retained in the State death. 4. DATE DECEASED OF (Type or print) DEATH after with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 wiff last birindey) Months WIDOWED DIVORCED yrs. PM3. Page 5. pages 1 and 2 within 72 to tOa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY thin 24 hours aft Give Pages 1, 2 orm PM3. Page done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File event Unknown Unknown Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address d be executed with pencil in Item 18. (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 2 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal .⊆ Conditions, if eny, which (b) geve rise to immediate couse Ø "pending" DUE TO (e), steting the underlying Examiner 95 cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 9 the certificate, writing the word Medical P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) shoul PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief bur MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' Month, Dey, Year 20f. (City or town) age 0 Not While factory, street, office bldg., etc.) While Hour e.m. to the et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🗶 Inquiry X ferwarded I DIRECT CI agenf, Natural causes Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT **EXAMINER'S** JAGSCH ZAT NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town) or country) REMOVAL (Specify) 240 g Burial-Transit 16/62 Rienzi Cemeterv Fond DuLac 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland arthur S. France DATE

Jond Will Lak

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(County)

Wisconsin

e. IS RESIDENCE

YES NO

ON A FARM?

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

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DATE SIGNED

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12. CITIZEN OF WHAT COUNTRY

M. S. G.

VS. AISME 5M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH MEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) a. COUNTY necessa ector. Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outsite c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR Notifution (in not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle death. If an DECEASED OF (Type or print) DEATH 1962 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED In yaars last birthdey) Months | Days WIDOWED DIVORCED yrs. AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give wer or detes of service) 18. CAUSE OF DEATH [Entar only one causa per line for (e), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to immediate ceuse **DUE TO** (a), stating tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO J 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. certificate, writing MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stata) fectory, street, office bldg., atc.) Hour a.m. Nol While at work al work CTOR: ed to 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection Inquiry | and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) pluods Address (Streat, city, town, or county) DEPI 22a. BURIAL, GREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or country) (Slate) REMOVAL (Specify) Ft.Lincoln Cemetery 40 ö Pr.Geo.Co. Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME The S.H. Hines Co., 2901 14th St. Wash, DC DATE AN 30'62 5M 7/59 arithur S. Thomas

The contraction of the contracti ores and the community of the second PHYSICIAN: The law requires that the death certificate be executed within 24 hou DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. director, page 3 should be detached for use as the burial-transit permit. Then please remove ca be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, the hospital or OR ATT TO HOSPITAL 

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 20070

1. PLACE OF DEAT	н				nstitution, Rasidence before admission)
Montgome	ry	MARYLAND	a. STATE Mar	yland b. COUNT	Montgomery
	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give nearest town)
Bethesda		41 Days	47 Bethesd	la	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS	S	a. IS RESIDENCE ON A FARM?
The Clinic	al Center. Be	thesda 14, Md.	5117 Wess	ling Lane	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Louise	Pamela	Wacker	DEATH January	18, 19 62
5. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years     last birthday)	Months Days Hours Min.
Female	MITTO		June 29, 191	19   12 yrs.	
	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUST:		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		None		ton, D.C.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	s Wacker		Mary Stua		
(Yes, no, or unkown)	VER IN U.S. ARMED FORCES? If yes give war or dates of service	0)			
NO		None The	Clinical Co	enter, Bethesda	14, Maryland
		e per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: PE	seudomonas Septic	emia with Sh	nock	48 Hours
204	DUE TO				
Conditions, if an	y, which ) (b) A	cute Myelogenous	Leukemia		5 Weeks
gave rise to immed	diate cause				
(a), stating the causa last.	underlying (c)				
Z PART II. OTHE		S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
ATIO					PERFORMED? YES X NO
		DESCRIBE HOW INJURY OCCURE	). (Enter nature of injury in	n Part I or Part II of item 18.)	
OF CONTRIBUTING	CAUSE OF DEATH				
ZOc. TIME OF INJ	URY Month, Day, Year		ACE OF INJURY (Home, fa		(County) (State)
20c. TIME OF INJI Hour a.m.	10	While Not While fac	tory, streat, office bldg., el	Ic.)	
	17		locombon 8	10 67 . January	18,39.62, that (X) (we) last
	sed alive on J. anuar	y10919.02, and tha	death occured at.	the causes a	and on the date stated above.
22a. SIGNATURE	mi	1/	ATTENDING	MED. STAFF	SIGNED
120	me Her	move ,	A.D. PHYS.	DIRECTOR PHYS.	January 19, 1962
			ZZU. ADDRESS III	he Clinical Cen	TAM MATIONAL
22c. PAYSICIAN'S	J. David He	boowy			
	J. David He		Institut	es Of Health, B	ethesda 14, Md.
23a. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	Institut OR CREMATORY	es Of Health, B	ethesda 14. Md. (Stata)
230. BURIAL, CREMAT REMOVAL (Specify BURIAL	1/22/62	Gate of Hea	Institut or CREMATORY aven Cem.	es Of Health, B 23d. LOCATION (City, low Silver Spr	ethesda ll, Md. (State) ring, Maryland
23a. BURIAL, CREMAT	100, 23b. DATE THEREOF 1 1/22/62 R'S SIGNATURE	Gate of Hea	Institut OR CREMATORY EVEN Cem.    25a, R	es Of Health, B 23d. LOCATION (City, low Silver Spr EC'D BY REGISTRAR 25b. REG	ethesda ll, Md. (State) ring, Maryland

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Sobort A. Fumphoey, Hethesday Maryland ......

Item #2-Film C305-1/21/62-mnh Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write -RURAL and give nearest jown) c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) When your Kensington d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF DEATH (Type or print) 19 5. SEXT 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin years lost birthday) Manths Days Haurs WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2day IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cattse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Fort 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (State) Hour a. m factory, street, office bldg., etc.) While Not while at wark of work p. m 21. I certify that I attended the deceased from \_\_\_.that I last saw the deceased alive an\_ and that death occurred at le M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAL DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence person admission) . PLACE OF DEAT a. COUNTY b. COUNTY Maryland Montgomer Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town write RURAL end give neerest town) olney davs Monrovia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital YES NO 3. NAME OF Middle 4. DATE Month Dev Year DECEASED OF John Walker DEATH (Type or print) January 19 62 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH NEVER MARRIED last birthdey) Months | Hours male WIDOWED DIVORCED July 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired? Maryaand United States Farm laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please John Harriet A Hobbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no, or unkown) | (If yes give wer or dates of service) Hospital Records above 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO between unchel versele geva rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from 1/2 30 , 1961, to 22 6, ..., 1962 that (I) (we) last 1962 and that death occured at 3.9. M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. 61 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) McKendree Bover Damascus. Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION. (State) 1 23b. DATE THEREOF EMOVAL (Specify) Browningsville. Md. Buria Bethesda Meth. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Damascus. Md. 15M 9/60 DATEJAN 9

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH UUDDE	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
MONTGOMERY MARYLAND	MARYLAND B. COUNTY MONTGO	MERY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1		
write RURAL and give neerest town) OLNEY 8 DAYS	Catalian and D. T.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
and the state of the state of the state of the state of address/		ON A FARM?
MONTGOMERY GENERAL HOSPITAL	10 EAST DIAMOND AVENUE	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) WILLIAM HUGHES	WALKER DEATH 1	24 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   IF UNDER	
	8/27/01 last birthday) Months 60 yrs.	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDU:		IZEN OF WHAT COUNTRY
done during most of working life, even if retirad)	JIKI II. BIKITIFLAGE (County & State, or loseign country)	
HOISTING ENGINEER   EASTERN HARD WA		U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NATHAN A. WALKER	FRANCES WILLIS HUGHES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservica)	Unanimit Dances	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	HOSPITAL RECORDS	INTERVAL BETWEEN
	ARICEC in Franklus	CALCET AND DEATH
IMMEDIATE CAUSE (a) 11 VP VILLE V	ARICES ON ESOPHHAU	S
DUE TO DUE TO		
Conditions, if any, which to PORIAL C	inghosi's OF LIVE	R
gave rise to immediate cause		
(a), stelling the underlying		170-150 St. Barrier
	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY
E STATE OF S	HOT RELATED TO THE PERMITTE DISEASE CONDITION OF THE HATTA	PERFORMED?
3		YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  CONCONTRIBUTING CAUSE OF DEATH  CONCONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	RED. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED   2De. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
at week at week	factory, street, offica bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	m	, that (I) (we) last
saw the deceased alive on	nat death occured at	the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
And Dongow	M.D. PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) A. D. BONIFANT, M.D.	SANDY SPRING, MARYLAND	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER		ty) (Steta)
REMOVAL (Specify)	25d. ESCATION (GITY, TOWN OF COMM	Md.
ur al 1-27-62   Monacacy	sealls ville.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Ernest C. Gartner. Gaithersbur	8. Ma . DATE JAN 2 6 '62 Cining	8. Kraus

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DESTRACT

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A. D. EGGLEGET, B.O.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filled in by the funeral es 1 and 2 should after death L.

1. PLACE OF DEA	TH		2. USUAL RESIDEN	ICE (Where deceased I	ived, If institution	Residence before edmission)
a. COUNTY	Montgomery	MARYLAND		rginia	. COUNTY	
b. CITY OR TOWN	N (if outside corporete limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lim	its, write RURAL	and give neerest town)
	sda (Rural)	45 days	Mcle	an	8	3 x . 3
	SPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS			e. IS RESIDENCE
	aval Hospital		1804 Byrn	es Drive		YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	Robert	Hume	Wanless		January .	17, 19 62
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (I	n years IF UNDER	
Male	Caucasian WIDOV		July 6, 191		thday) Months yrs.	Days Hours Min.
10a. USUAL OCCUP		KIND OF BUSINESS OR INDUSTR			country)   12. C	CITIZEN OF WHAT COUNTRY?
	aval Officer		Pennsyl	vania	15 0	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			00
Harry W	anless		Lotta Engs	trom		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17. 1	INFORMANT		Address	
	(If yes give war or dates of service) Unknown	338 01 8586 W	IFE: Mrs. Ma	rar Taamen We	nless	Sama ac #2
Yes	DEATH [Enter only one cause pe		THE MAS. MA	ay bayine me	miress,	I INTERVAL BETWEEN
	ATH WAS CAUSED BY	100.000	remor.	no Han	Phone	ONSET AND DEATH
15	IMMEDIATE CAUSE (e)	and ca	our.	ru fai	caus	9-6 000
1 1	DUE TO			/ /		
Conditions, if e	(2)					
geve rise to imm (e), steting the	DIJE TO					
cause lest.	(c)					
Z PART II. OTI	HER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PA	
Ĕ						YES X NO
E 20a. ACCIDENT	WAS UNDERLYING   20b. D	ESCRIBE HOW INJURY OCCURED	(Enter neture of injury in	Pert I or Pert II of item	18.)	I IS IN NO L
OR CONTRIBUTION	NG CAUSE OF DEATH	ESCRIPT HOW HOM? OCCURD	, tends notes of injery in		,	
3 20c. TIME OF IN			CE OF INJURY (Home, fare		) (C	ounty) (State)
20c. TIME OF IN Hour e.m	at a	role Not While	ory, street, office bldg., etc	• /		
-	that (1) (this hospital) atte		Dog 2	1067 to Tan	77 1	062 11-1 00 (111) 1011
	pased alive on Jan]	119DZ., and that	death occured at 1	W. Languagen the c	auses and on	22b. DATE
220. SIGNATUR	ing for the	times "		MED. STAF		uary 17, 1962
PHYSICIAN NAME (Ty	. // //	0 000 100	22d. ADDRESS			
IANUE (1)	LARRY J. HINE	S, CDR MC USN	U, S, Na	val Hospita	il, Beth	esda, Md.
23a. BURIAL, CREMA	ATION, 236. DATE THEREOF	23c. NAME OF CEMÉTERY	OR CREMATORY	23d. LOCATION (	City, town or cou	inty) (State)
REMOVAL (Speci	1-19-62	Arlington :	National	Arl	ington,	Virginia
24 (NE) AL PURICE	88 She Usen lot les	Ambington,		C'D BY REGISTRAR 2	56. REGISTRAR	S SIGNATURE
Fitzgera	lds Funeral Hone	,3245 Wilson Bl	vd., DATE	JAN 1 9 '62		8. Kings

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The law requires that the death certificate be executed within 24 hou may be read by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hospitals. PHYSICIAN: OR AT TO HOSPITAT death. Padirector, pages
be filed with the

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Section Level besides

U. S. HEYEL HOLDER

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Unimoun 316 of 550 will : Mrs. Mary Jaymes Walleds, Bank Ma 42

SOLL THE TRANSIT A PRESENT LINE

ALTER J. HIMES, COR MC UES - W U. S. K Wil Mospital, Belief De. MAR

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 00954 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidance before admission) b. COUNTY e. STATE the 12 Montgomery County, Md.
b. CITY OR TOWN (if outside corporate limits, MARYLAND Mont come ray

c. CITY OR TOWN (If outside corporate limits, write kukak and give nearest town) and c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Ś death certificate be executed within 24 Germantown Bethesda 2. 5days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Suburban Hospital Assoc. Inc. None completely papers 3. NAME OF 4. DATE Month Day 72 DECEASED OF (Typa or print) DEATH 5 Mildred L. (Clagett) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months Female WIDOWED T White DIVORCED event, physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME please GLAGETT affending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass The law requires that the (Yes, no, or unkown) | (Ifyesgivawarordatesofservica) NANE. Spencer Ward Same Address ending physician. been signed by the 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation DUE TO aftending Conditions, if eny, which (b) gava risa to immediata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION prior CRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [ for OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After many be detached f P MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, streat, office bldg., etc.) While Not While Pa Hour a.m at work at work 19.6. Athat (I) (we) last to ........ .19....and that death occured at Air. from the causes and on the date stated above. saw the deceased alive on..... OR 22a. SIGNATURE ATTENDING DIRECTOR PHYS M.D. 226 PHYSICIAN'S 22d. pag death. Pag Veirs Mill Rd. Rockville. Stephen Jones director, be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OF Darnestown, Maryland Feb 4, 1962 Burial Darnestown 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH

DATEFEB 5

'62

a. IS RESIDENCE ON A FARM? YES NO

62

Min.

Yaar

19

WAS AUTOPSY

PERFORMED? NO

(State)

22b. DATE

(State)

arthur & Three

SIGNED

Hours

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74044 · Commence Subsected Hospital Jasoc. Inc. 10 20 2 14 ilogio. Ole oti .c.fide research that the spain state. Bishing Const 

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY files. Health, director. Page MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) your dof d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) If any delay Give Pages 1, 2, and 3 to the funer rm PM3. Page 5 may be retaine File pages 1 and 2 with the State rent within 72 hours after, death. 3. NAME OF Middla DATE OF DECEASED DEATH (Type or print) Maxine 9. AGE (In years | IF UNDER 1 YEAR | | 6. COLOR OR RATE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. F.B.I. 14. MOTHER'S MAIDEN NAME form PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or detes of service) permit. in pencil in Item 1 AMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). burial-transit p Office along PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removal Conditions, if any, which gava rise to immadiata ceuse "pending" as a w DUE TO (a), steting the underlying Examiner ö pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 99 cremat certificate, writing the word Medical pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 29d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, While Not While Chief 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year rorwarded to the C at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry X EDICAL Undetermined manner Suicide X Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER the designated ACTUAL ASSISTANT MEDICAL EXAMINER should be ron DEPUTY MEDICAL EXAMINER please exe 4 should by **EXAMINER'S** DEPUT NAME (Type) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION REMOVAL (Specify) Arlington National Cemetery Burial Arlington 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Georgia Ave Warner E.

IS RESIDENCE

ON A FARM?

YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(County)

NO X

(State)

and in my opinion

DATE SIGNED

(State)

Virginia

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

VS. AISME SM 9/60

Pumph

Inc.

Silver Spring. Md.

DATE

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#### ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MONT GO MERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL end give nearest lown) OLNEY DAYS GERMANTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS delay MONTGOMERY GENERAL HOSPITAL WATERS ROAD 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH JULIAN BOYD WATERS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthdey) Months WIDOWED Y MALE DIVORCED 9-10-78 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer Farming RETIRED MARYLAND U. S. A. PM3. page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give xxxxxxx Etichson HORACE WATERS File 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | Address permit. (Yes, no, or unkown) | (If yes give wer or dates of service) with No nknown RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Office along burlel-transit p 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a should Conditions, if env. which "pending" gave rise to immediate ceuse (a), stating the underlying Examiner cause lest. nsed ion, CERTIFICATION PART II. OTHER SIGNIEJCANT CONDITIONS 200 Word pluods 2De. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enler neture of injury in Part I or Part II of ilem 18.) 20b. PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Writing 300 buri WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) 0 S age fectory, street, office bldg., etc.) 0 While Not While prior CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy 0 Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should by to SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial £40 ö Germantown 23. FUNERAL DIRECTOR VS. A15ME

5M 7/59

INTERVAL BETWEEN ONSET AND DEATH . au RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? YES NO (County) (Stete) and in my opinion DATE SIGNED 22d. LOCATION (City, town, or country) (State) Neelsville Cemetery German Pumphrey, Bethesda, Maryland DATE FFR 6

e. IS RESIDENCE ON A FARM?

YES NO

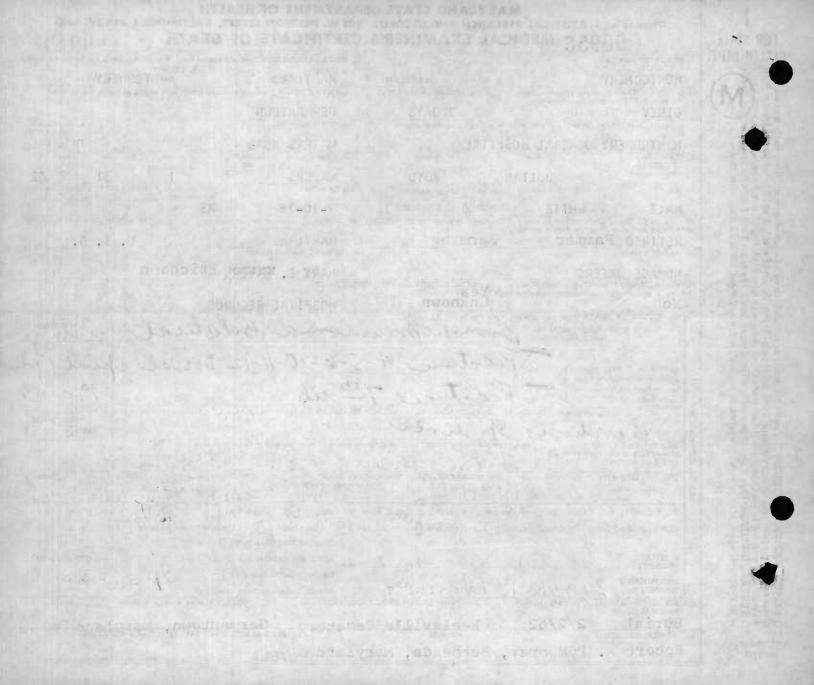
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IF UNDER 24 HRS.

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ed in by the funeral es 1 and 2 should TO HOSPITAL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be reserved by the hospital or attending physician.

S TO FUNEL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S Girector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1-		23 X 3 C 2										
1.	PLACE OF DEATH	00008			2		RESIDENCE	(Where dacee:			sidence	before admission)
		zomerv		MARYLA	ND	a. STATE	Mary	land	b. COU	Montg	ome	יציקי
-	b. CITY OR TOWN (i	f outside corporate lim	nits,	c. LENGTH OF STAY I		c. CITY O		outside corporete	limits, writ			
	write RURAL and	give neerest town)		0 0-		V						
-	Olne		/: f 4 ! 1	B Days		d. STREET		l*= Le	Wisds	le		e. IS RESIDENCE
	a. NAME OF HOSPIT	IAL OK INSTITUTION	(if not in nos	piiai, giva street eddress)		d. SIKEET	ADDKE22					ON A FARM?
_	Monte	gomery Ge	nera]	L Hospital			RFD.	Monro	via			YES NO
3.	NAME OF DECEASED	Firs	1	Middle		Last	4	OF	Monti	h	Dey	Year
131	(Type or print)	J		Monroe	West	kins		DEATH	To	in. 9		19 62
S.	SEX		7. MARRIE	NEVER MARRIED	7   8. D	ATE OF BIRT	Н		GE (In yeers	IF UNDER 1 Y	EAR IF	UNDER 24 HRS.
	36-3-	·			¬   _		0-		st birthday)	Months D	eys I	Hours Min.
10	MA10	White	WIDOWE			une	5, 18	76   8	5 yrs.	112 CITI7	ENLOE V	WHAT COUNTRY?
	ne during most of wo	rking life, even if retir		IND OF BUSINESS OR IN	DOSIKI	II. BIKIMPLA	ACE (County	& State, or tore	ign country)	12. 01112	EN OF V	WHAT COUNTRIE
_		ery Work		Florist		Lew:	isdale	e, Md.			USA	
13.	FATHER'S NAME				14	. MOTHER'	MAIDEN NA	AME				
	Julia	s M. Wat	kins		10	Aman	nda No	boowro				
15.	WAS DECEASED EV	ER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.	17. INF	ORMANT	100.00	or wood	Address	5		
(Y:		fyes give we ror detes of	4	00 2 577	3//-			F- 42-4		**	_	
=	No	THE WAY IT		2-20-1533 ine for (a), (b), end (c).]	MIK	's Mai	CT10	Watkin	s,	Item		VAL BETWEEN
		H WAS CAUSED BY:	Couse per i	io-Vascul	on P	onol	Digos	SO CI	Tremi	0	QNSE	T AND DEATH
	TAKI I. DEATI	IMMEDIATE CAUSE (e	1						or Oller	a	-	year's
	4	DUE TO	Gene	ralized A:	rter	ioscl	erosi.	S			20	years
	Conditions, if eny	, which ) (b	)									
	geve rise to immedi	ete ceuse	-									
14.	(e), stating the un	nderlying DUE TO	Lobu	lar Pneum	onia						12	days
_	causa lest.	) (c	)				THE TERMINA	L DISTAGE COL	IDITION ON	(FAL INI DARK S		
Ó	PART II. OTHER	SIGNIFICANT COND	IIIONS CON	TRIBUTING TO DEATH B	UINOIK	ELATED TO	INE TERMINA	L DISEASE COL	ADITION GIV	YEN IN PAKE	I(e) 17.	PERFORMED?
18											YES	NO K
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OC	CURED. (E	nter nature o	finjury in Par	rt I or Pert II of	itam 18.)			
	20c. TIME OF INJU			INJURY OCCURRED   20	- DIACE	OF INJURY (	Hanna farm	20f. (City or	taum)	(Count	(v)	(Stete)
MEDICAL	Hour a.m.	KI Monin, Dey, I	While			straat, offica		201. (City of	10W11)	(00011	'7)	(31616)
ME	p.m.	19	et wor	k et work								
	21. I certify t	hat (I) (this hiss	Mál) atten	ded the deceased f	rom.J.a	nuary	1.935	D, to.J.	n. 9	, 196	2, tha	t (I) (WE) last
	saw the deceas			19162, and								stated above.
	22a. SICNATURE	2º16.	dra	Smer	M.D.	ATTENDIN PHYS.			STAFF PHYS.	Jan	uar	y 10,
	22c. PHYSICIAN'S	BA BA TZ	20 0 20	Dan	7/ D	22d. ADI	RESS	o Ctro	n +-	Damas	033.0	1962
	NAME (Type)	M. McKe	ndree	Boyer,	M. D	9866	Mair	1 Stree	⇒ <b>(</b> •	Damas	cus	Md.
23	BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATOR	Y	23d. LOCATIO	ON (City, to	wn or county)		(State)
	REMOVAL (Specify) Burial	Jan. 11	,1962	Bethes	da M	ethod	list	Bro	wning	svill	0.	Md.
24	FUNERAL DIRECTOR	SIGNATURE)	4	ADDRESS			25e. REC'D	BY REGISTRA	R 25b. RE	GISTRAR'S SI	IGNATU	RE
	Clin L	Molesur	olle	Damascu	s, M	d.	DATEJAN	1 2 '62	an	Thun S. H	Trans	
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requires	physicial	igned by	nsit perm	tion, or re
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PITAL OR AT PHYSICIAN: The law requires that the death certificate be executed within 24 hou jer	the hospital or	this certificate	d for use as the	with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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a. COUNTY	TH .		2. USUAL RESIDENCE	E (Where deceased lived	, If institution: Resid	ence before edmiss
Montg	comery	MARYLAND	Mary	land	Mont	an mers/
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16		outside corporate limits, y	vrite RURAL and giv	e neerest town)
	a (Rural)	56 days	59 Ret	hesda		
	PITAL OR INSTITUTION (if not in		d. STREET ADDRESS	nesua		e. IS RESIDEN
		Bethesda, Maryland	5718 Wil	son Lane		ON A FAR
NAME OF	First	Middle	Last		onth De	
DECEASED (Type or print)	Florence		Weeden	OF	nuary 11	
. SEX	6. COLOR OR RACE 7. MA	RRIED X NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In ye	ars   IF UNDER 1 YEA	R   IF UNDER 24 HI
Female	Caucasian wind		O November 1	892 last birthda	171011111111111111111111111111111111111	Hours Mir
la. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Count	y & Stele, or foreign count	ry) 12. CITIZEN	OF WHAT COUNT
Housewi			New Yorl	k	,	USA
. FATHER'S NAME			14. MOTHER'S MAIDEN N			VOI
Harry Da			Barbai	ra Buchar		
. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress Patha	edo Moss
No	(If yes give war or dates of service)	Hu	sband William	m W. Weeden	5718 Wils	sda, Marj on Lane,
	DEATH [Enter only one cause	per line for (a), (b), end (c).]				NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (+)	ar blondi	R			PINGET AND DEATH
17	DUE TO	The state of the s	. / '			•
Conditions, if en			motal	lases	_	2 ms
geve rise to immed	diete cause	monday	, , , , , ,			- , , , ,
(e), stating the	> DUE TO	(V 0	1/ 1/2	1		11/2
cause lest.	) (c)	accer one	of cer	vy		1 127
PART II. OTHI  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF)	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOP
No. of the second						YES NO
20a. ACCIDENT V	VAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in P	ert I or Pert II of item 18.)		
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF INJ	URY Month, Day, Year   2	Od. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, farm,	, : 20f. (City or town)	(County)	(State)
Hour e.m.	v	VhileNot While factor	ory, street, office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,	(5.310)
p.m.		work et work				
21. I certify	that (IX (this hospital) at	ttended the deceased from	7. November.,	1961, toll Jan	uary., 19.62	that XI) (we)
saw the decea	sed alive on II Jant	ary 19.62 and that	death occured 212	5PM from the cause	es and on the	date stated abo
22a SIGNATURE	D	1				22h DAT
Open	2 6 10	hu m	numer [ ] no	IED. STAFF	k Jan. I	12, 1962 G
22c. PHYSICIAN'S	5	M.	22d, ADDRESS			
NAME (Type	a)	TVIN LCDR MC USN		val Hospital	, Bethese	la, Md.
REMOVAL (Specify	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City,	town or county)	(Stete)
Burial	1-13-62	Arlington 1	Vational	Arling	ton, Virg	ginia
UNERAL DIRECTO	RIS SIGNATURE A DA	ADDRESS	1	D BY REGISTRAR 256.		
ROUND	Pumphrey, Bethe	sda, Maryland	DATE	JAN 1 5 '62	77 4 - 0	der
Oper C W.	Lambureh De cue	ara, Mer Arang	DATE	PANT I D UZ	Mathun &	That

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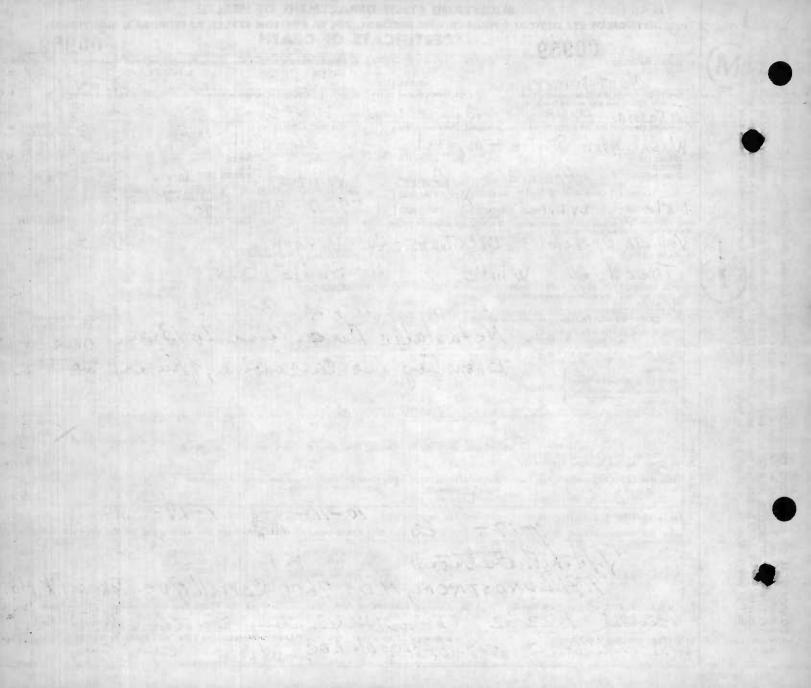
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	00959 CERTIFICATE OF DEATH . 00952
1.	PLACE OF DEATH    2, USUAL RESIDENCE (Whare deceased lived, if Institution, Residence before admission)
	a. STATE 1. D. COUNTY DE LA CHIAGETTA (
	b. CITY OR TOWN (if outside corporate lims, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate lims, write RURAL and give nearest town)
1 -	write RURAL end give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
3.	1000311.1197011 001711 11 03/2/101
	DECEASED //
-	SEV 1/ SOLO O DASS
	Isst birthday) Months Days Hours Min.
-	Male   Wy hite widowed   17-11-91   70 yrs.
de	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Vehicle Operator D. C. Transit Co. Virginia U.S.H.
13	FATHER'S NAME
	Theodore White Dudit Davis
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  (as, pq. or unkown)   (Ifyesgive weror detes of service)
	No Hospital Kecords
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 84: Metastatic Landenova to Brance Daniel
	DUE TO
	Conditions, if ony, which 7 (b) Brenchogenic Carcinows Municipal woulds
	gave rise to immediate ceuse
	(e), steting the underlying cause last. (c)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
18	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)
G	OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
13	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
VED	Hour e.m.  While Not While factory, street, office bldg., etc.)  p,m. 19 at work at work
1	21. I certify that (I) (this hospital) attended the deceased from 10-11- , 1961, to 1-19- , 1962 that (I) (we) last
	saw the deceased alive on 19.62 and that death occurred et 10.6M, from the causes and on the date stated above.
	22e. SIGNATURE VILLE STAFF SIGNED  M.D. PHYS, DIRECTOR PHYS.   22b. DATE SIGNED
	M.D. M.D.
	22c. PHYSICIAN'S 22d. ADDRESS
23	22c. PHYSICIAN'S T. H. LUNOSTROM, M.D. 22d. ADDRESS 7600 Carroll Ave. Takowa PK, Mc 36. BURJAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
23	22c. PHYSICIAN'S T. H. LUNOSTROM, M.D. 22d. ADDRESS NAME (Type) T. H. LUNOSTROM, M.D. 7600 Carroll Ave, Takoma PK, Mc
	22c. PHYSICIAN'S NAME (Type) 1. H.LUNDSTROM, M.D., 22d. ADDRESS  Sa. BUBIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 1-22-62 Celear 7 fill Cameley Switch Signature  A FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 22d. ADDRESS 23d. LOCATION (City, Iown or county) (Sible)  Legar 7 fill Cameley Switch Signature ADDRESS 25a. REC'D/89 REGISTRAR'S SIGNATURE
	22c. PHYSICIANS T. H. LUNOSTROM, M.D. 7600 Carroll Ave, Takoma PK, Marke (Type) T. H. LUNOSTROM, M.D. 7600 Carroll Ave, Takoma PK, Marke Blands (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REVOYAL (Specify) 1-22-62 Cellar Till Cameley Switherd Will
	3. 5. 100 d

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery District of Columbia MARYLAND b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Bethesda (Rural) Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U.S. Naval Hospital. Bethesda Md. 3111 Nichols Ave., S.E. YES NO X 3. NAME OF DATE DECEASED OF (Type or print) DEATH Teresa 19 Whitenight Lynn January and cor 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female WIDOWED | DIVORCED Caucasian March 5 10 18 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Infant Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Terry Allen Whitenight Agnes Marion Farrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detecof service Mrs. Agnes M. Whitenight (Mother) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dehydration IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 200. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that M (this hospital) attended the deceased from 23. January..., 1962, to 23. January, 19.62 that M) (we) last saw the deceased alive on 23... January ...... 19...62., and that death occured #1220MPM on the causes and on the date stated above 22e. SJGNATURE ATTENDING SIGNED DIRECTOR 24 January 1962 PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type FREDERIC SCHULANER LT MC USN U. S. Naval Hospital, Bethesda, Md. 23cM CAME OL SVETEY COME CATE 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) Washington C. REMOVAL (Specify) -5 2 Axdinetonx Netionedx Ceneteryxx Ardinetonxx Virginia Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA Washington, D.C. VR A15 (4) 15M 7/61 JAN 2 6 '62 arthur & House Funeral Home 3603 14th St., N.W.

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RYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 954 CERTIFICATE OF DEATH

1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)  a. STATE  b. COUNTY
	MONTGOMERY MARYLAND	MARYLAND MONTGOMERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  Rockville
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	Suburban	617 Stone street Ave. YES NO
	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) Fanny	Wilson DEATH January 4. 1962
		. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Dec. 2, 1885   lest birthdey)   Months   Days   Hours   Min.
		Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retired)	Marvland USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	? Carrol	? unknown
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NPORMANT Address
	Yes, no, or unkown) (Ifyesgivewerordetesofservice)	arles H. Wilson, son same as above
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1		neart failure
	DUE TO 4	heart disease
		nearr arsease
	(a), steting the underlying DUE TO	
	cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
1		YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CONTR	, (Enter neture of injury in Part I or Pert II of item 1B.)
100	20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
1		
		, 19, 19, 19, that (I) (we) last
		death occured atM, from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED
		D. PHYS. DIRECTOR PHY
	22c/ PHYSICIAN'S NAME (Ty	ZZG. AUDRESS
15.7	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
-	Burial 1/9/62 Lincoln Parl	k Cem.   Rockville, Md
3	ADDRESS ADDRESS	MANAETED ON EN
	Tokent L. Monden fock or	ille Inchase JAN 15 62 Onthun & Kings
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Montgomery Maryland Montgomery
c. City OR TOWN (If outside corporete limits, write RURAL and give nearest town) the d MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 and þ wrife RURAL end give neerest town) executed within 24 .= 27 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Suburban 3. NAME OF Middle Yeer completel Dev DECEASED DEATH (Type or print) ician and compione carbon pase event, within Neimi 9. AGE (In yeers IF UNDER 24 HRS. IF UNDER TYEAR 6. COLOR OR RAL 7. MARRIED NEVER MARRIED last birthdey) Months Deys Hours WIDOWED DIVORCED Male HPLACE (County & State, or foreign country) physician IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) New York Manager G.C. Murphy Co. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Ann Niell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or detes of service) No 095-05-4711 Wife Mrs. Yvette Wilson 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH ig physicial signed by PART I. DEATH WAS CAUSED BY: congestive IMMEDIATE CAUSE (e) DUE TO infarction Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? as o NO X 2De. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ed by After MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. et work et work DIRECTOR: to 14Jan , 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from ... ) ... 19.62, and that death occured at 12.14, from the causes and on the date stated above. Jan saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 14119262 M.D. death. Party. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bethesda, Maryland director, be filled 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) Burial-Transit OL Cemetery ry Millville, New Yor
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE New York 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland 15M 9/60 DATEJAN 1 6 '62 arthur & Kraug

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### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, write RURAL end give Marks) town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO Middle DECEASED OF DEATH (Type or print) 19 62 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) Months WIDOWED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) ecretary 14. MOTHER'S MAIDEN NAME please Then please WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive wer or detes of service dical 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to Immediate ceuse **DUE TO** (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2De, PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED I 2Df. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 5 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... Au 5 1962, and that death occured at 3.3M, from the causes and on the date stated above. saw the deceased alive on ..... 22e. SIGNATUR OR ATTENDING SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, pe 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Suitland, REMOVAL (Specify) Cedar Hill Crematory 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SIGNATURE VR A15 (4) arthur & Thous

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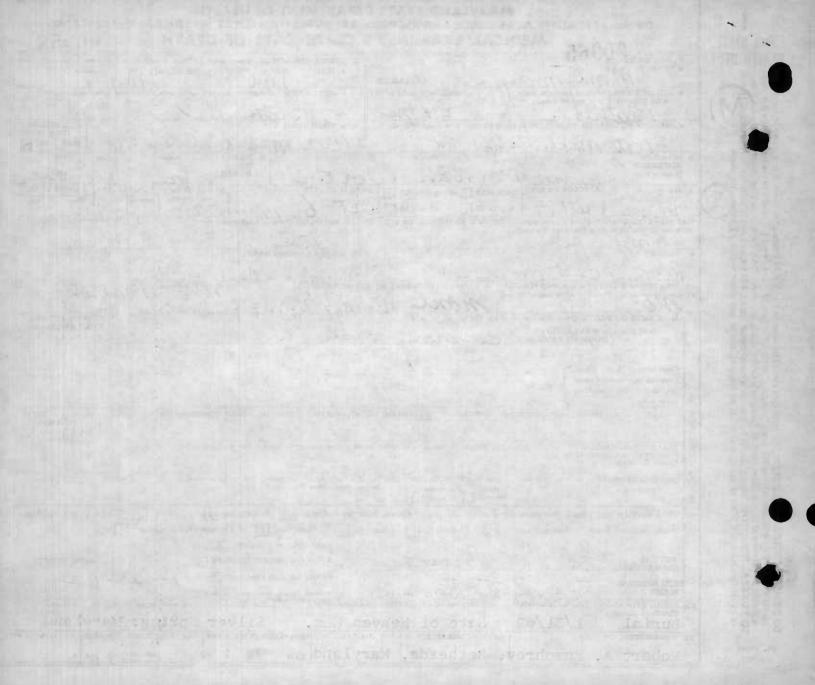
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) b. COUNTY MARYLAND OMETY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OWN (If ourside corporete limits, write RURAL and give nearest lown) write RURAL and give neerest town within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless) a. IS RESIDENCE ON A FARM? YES NO NAME OF Month DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS and Jest birthdey) Months Hours WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OM 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME £ attending | Then please 0 15. WAS DECEASED EVER IN U.S. ARMED 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detector service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva risa to immedieta cause DUE TO (e), stating the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work ....... 19.64., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 19.6.2. and that death occured at 4.7M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE OR 22a. may ATTENDING. SIGNED DIRECTOR PHYS. PHYS. M.D. HOSPITAL PHYSICIAN'S 22d ADDRESS 22c. NAME (Type) rector, CEMETERY OR CREMATORY (Stete) 230 BURIAL, GREMATION, | 236 DATE THEREOE LOCATION (City, town or dir. OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEP 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND es. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give hearest town) director. write RURAL and give rest town) HOSPITAL OR INSTITUTION (if not in hospitel, give street a dress) . IS RESIDENCE d. NAME OF d. STREET ADDRESS ON A FARM? YES NO in pencil in Item 18. Give Pages 1, 2, and 3 to the fun-Office along with form PM3. Page 5 may be retain purial-transit permit. File pages 1 and 2 with the Stat oval, and in any event within 72 hoursafter death any 3. NAME O Middle DATE DECEASED OF (Type or print) DEATH 1962 6. COLOR OR RACE 7. MARRIED 5. SEX AGE In years | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED last bijthday) Months Days WIDOWED & USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? durifig most of working life, even if retired) 21-S C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, ng, grunkown) | (If yes give we rordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: uslates IMMEDIATE CAUSE (6) DUE TO removal, P (b) gave rise to immediate cause ro "pending DUE TO 35 (a), stating the underlying Examiner Ö nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 the word NO V Plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | AMINER: e 3 sho burial, CAUSE OF DEATH. writing Chief MEDICAL to the Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S should should DEPU NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 9 62 Silver Spring, Maryland Q40 Gate of Heaven Cem. Burial 23. FUNERAL DIRECTOR 240, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland DATE Robert A. Pumphrey, arthur & House 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



				1	
TO HOSPITAL OR ATT DING PHYSICIAN: The law requires that the death certificate be executed within 24 h fren	death. Page 4 may be a ed by the hospital or attending physician.	TO FUN. 1. DIRECTOR: After this certificate has been signed by the attending physician and complete in by the tuneral	director, 188 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, 1965 1 and 2 should	6 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 licus after death	
	15	M	9/0	50	

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH .				itution: Residence before edmission)
Montgome	ry	MARYLAND	Tilinois	b. COUNTY	
b. CITY OR TOWN	(if outside corporete limits.			(If outside corporete limits, write RU	JRAL and give neerest town)
Bethesda:	nd give neerest town)	28 days	Springfie		51V.2
		not in hospital, give street eddress)	d. STREET ADDRESS		o, IS RESIDENCE
			The state of the s		ON A FARM?
3. NAME OF	ical Center,	Bethesda 14, Md		h 11th Street	YES NO
DECEASED	First	Middle	Lest	4. DATE Month OF	Dey Yeer
(Type or print)	Bessie	Marri a	Yates	DEATH January	9 19 62
5. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR   IF UNDER 24 HRS.
Female			November 1, 1		onths Days Hours Min.
IOe. USUAL OCCUPA	TION (Give kind of work	106 KIND OF BUSINESS OF INDUST	RY   11. BIRTHPLACE (Cour	nty & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY
	vorking life, even if retired)		****		
Housewife  13. FATHER'S NAME		None	Tlinois 14. MOTHER'S MAIDEN	NA ME	U.S.A.
	STATE OF THE REAL PROPERTY.				
Charles S	anders	753 L44 500LN 55	Elizabeth	Jenkins	
(Yes, no, or unkown)	VER IN U.S. ARMED FORCE (If yes give wer or detectors of services	ata-1	Tino	Medical Record	
No		332-01-8032h	Clinical Ca	enter, Bethesda	The Maweland
	DEATH [Enter only one co	euse per line for (e), (b), and (c).]	ormitted of	niver 9 De onice da .	INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest			ONSET AND DEATH
11-3	2		44.00		-
Cur But W	DUE TO	Aspiration of Gar	stric Content	ts	1 Hour
Conditions, if en		Aspiration of the			
(e), steting the		Daniel Africa	Tochwandi		2h Hours
ceuse lest.	) (c)_	Paroxysmal Abria	I lachycardi	a .	
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
<b>E</b>					YES X NO
PART II. OTH	WAS UNDERLYING   1	206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 1B.)	
OR CONTRIBUTING	G CAUSE OF DEATH				
		20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farr	m, : 20f. (City or town)	(County) (State)
20c. TIME OF INJ		WhileNot While fac	tory, street, office bldg., etc		(2001117) (31416)
print.		et work at work			
21. I certify	that (X (this hospital	l) attended the deceased from.	December 13	19.61 to January 9.	, 19.62, that (M (we) las
		1ary 9 1962 and that			
22e. SIGNATURE		0.0			22b. DATE
1 6-	local H !	1.00	ATTENDING PHYS.	MED. DIRECTOR PHYS. 3	-10-62 SIGNED
22c. PHYSICIAN'	5		OO L ADDRESS		
NAME (Typ	e) Robert H.	Wilkins, M.D.	Th	e Clinical Cente	er, National
			Institute	of Health, Ber	thesda ll. Md.
3e. BURIAL, CREMA REMOVAL (Specify	TION, 23b. DATE THEREO		~		
removal	1/11/62	Brush Creel	-		llinois
24 FUNERAL DIRECTO		2909RES914th	St. N. W 250. RE	C'D BY REGISTRAR 256. REGIS	
The S.H.	Hines Com	pany Washington		JAN 15'62 Q	thun S. Krong
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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00967 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neadst town) akoma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO V OF DEATH DECEASED (Type or print) AGE (In years | IF WIDER I YEAR 5. SEX IF UNDER 24 HRS ACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) during most of working life, even if retired) 4. SA. FATHER'S NAME please attending mmons 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give ver or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] TERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO ARTERIO Sclerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While at work at work p.m. aw 7 19 67 that (I) (we) last and that death occurred at from the causes and on the date stated above, saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING MED. DIRECTOR SIGNED PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S FU. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 Washington Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIG VR A1S (4) Orthur & Kraus 15M 7/61 DATE

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